


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90020 011 ***150.00

DOCUMENT # P04000143543			
1. Entity Name WEST PROPERTY MANAGEMENT INC			
Principal Place of Business 26520 OAK SHADOW LN. MOUNT DORA, FL 32757		Mailing Address P O BOX 8 TANGERINE, FL 32777 <i>PC Box 324 Oxford FL 32484-0324</i>	
2. Principal Place of Business - No P.O. Box # <i>637 Winifred Way</i>		3. Mailing Address <i>637 Winifred Way</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>The Villages FL</i>		City & State <i>The Villages FL</i>	
Zip <i>32162-1619</i>		Zip <i>32162-1619</i>	
Country		Country	
6. Name and Address of Current Registered Agent WEST, CONNIE 26520 OAK SHADOW LN. MOUNT DORA, FL 32757		7. Name and Address of New Registered Agent Name <i>West, Connie</i> Street Address (P.O. Box Number is Not Acceptable) <i>637 Winifred Way</i> City <i>The Villages</i> FL Zip Code <i>32162-1619</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Connie West</i> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEST, CONNIE 26520 OAK SHADOW LN. MOUNT DORA, FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEST, CONNIE <i>637 Winifred Way</i> <i>The Villages FL 32162-1619</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/O SPEARS, JUSTIN 7427 FORDHAM COURT ORLANDO, FL 32807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/O SPEARS, JUSTIN <i>3194 Harms Way</i> <i>Snellville, Ga 30039</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Connie West - Pres.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3-15-08</i> Daytime Phone # <i>352-357-1144</i>	
<i>Connie West</i>			