

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90258 001 ***300.00

DOCUMENT # P98000086874					
1. Entity Name WEST LAKE SUPERCENTER GP, INC.					
Principal Place of Business 875 CONCOURSE PKWY S SUITE 150 MAITLAND, FL 32751			Mailing Address 875 CONCOURSE PKWY S SUITE 150 MAITLAND, FL 32751		
2. Principal Place of Business 1053 MAITLAND CENTER COMMONS Suite, Apt. #, etc. SUITE 200 City & State MAITLAND, FL Zip 32751		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		04282006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3627432		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BURNS, THOMAS RESQ 875 CONCOURSE PKWY S SUITE 150 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name BERRY WALKER Street Address (P.O. Box Number is Not Acceptable) 1053 MAITLAND CENTER COMMONS SUITE 200 City MAITLAND FL Zip Code 32751		
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: BERRY WALKER DATE: 4/28/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PSTD GINSBURG, ALAN H 4554 SANDSPUR ROAD MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERRY WALKER 1053 MAITLAND CENTER COMMONS MAITLAND, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCARRINO, MICHAEL J 4554 SANDSPUR ROAD MAITLAND, FL 32751	<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	PRICE, DEAN II 1554 SANDSPUR ROAD MAITLAND, FL 32751	<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
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
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: BERRY WALKER			4/28/06 407-478-1866		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					