

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 835938

1. Entity Name
WESTFALIA SEPARATOR, INC.



Principal Place of Business
**100 FAIRWAY COURT
NORTHVALE, NJ 07647**

Mailing Address
**100 FAIRWAY COURT
NORTHVALE, NJ 07647**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1535190

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**UNDERWOOD, ROCKY
4125 LAKELAND COMMERCE PKWY
STE 14
LAKELAND, FL 33805**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GREGORY ROBINSON
STREET ADDRESS	100 FAIRWAY COURT
CITY-ST-ZIP	NORTHVALE, NJ 07647
TITLE	C
NAME	TREVOR GOULBOURNE
STREET ADDRESS	100 FAIRWAY COURT
CITY-ST-ZIP	NORTHVALE, NJ 07647
TITLE	V
NAME	MIDDLEMANN, HERMAN
STREET ADDRESS	100 FAIRWAY COURT
CITY-ST-ZIP	NORTHVALE, NJ 07647
TITLE	P
NAME	ODONNELL, CLEM
STREET ADDRESS	100 FAIRWAY COURT
CITY-ST-ZIP	NORTHVALE, NJ 07647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000423831
02/18/06-80023-022 158.75

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IN THIS SPACE**

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: Trevor Goulbourne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 201-784-6487
Date Daytime Phone #