

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11190

FILED
Jan 18, 2008
Secretary of State

Entity Name: WEST END MASTER MAINTENANCE, INC.

Current Principal Place of Business:

4400 NW 36TH AVE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

Current Mailing Address:

4400 NW 36TH AVE
GAINESVILLE, FL 32606 US

New Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

FEI Number: 59-2779916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPPE, PAT
MANAGEMENT SPECIALISTS
4400 NW 36TH AVE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

TRIPPE, PAT
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

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.

SIGNATURE:

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLIOT, BOB
Address: 1020 NW 124TH DR
City-St-Zip: NEWBERRY, FL 32669

Title: VP () Delete
Name: BEARD, FRED
Address: 826 NW 125TH DR
City-St-Zip: NEWBERRY, FL 32669

Title: DS () Delete
Name: COARI, DELORES
Address: 1027 NW 123 DRIVE
City-St-Zip: NEWBERRY, FL 32669

Title: T () Delete
Name: BRAYNARD, DALE
Address: 253 NW 122ND TERR
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: SCHOLEFIELD, RED
Address: 12219 NW 9TH LN
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: VANDERHOEK, JOHN
Address: 1071 NW 125TH DR
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELLIOT, BOB
Address: 1020 NW 124TH DRIVE
City-St-Zip: NEWBERRY, FL 32669

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELLIOT, BOB
Address: 1020 NW 124TH DRIVE
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB ELLIOT

PD

01/18/2008

Electronic Signature of Signing Officer or Director

Date