

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11190

FILED
Apr 29, 2010
Secretary of State

Entity Name: WEST END MASTER MAINTENANCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2779916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MANAGEMENT SPECIALISTS SERVICES
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: SARAH CONNER, AGENT

04/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: WEAVER, RON
Address: 1029 NW 124TH DRIVE
City-St-Zip: NEWBERRY, FL 32669

Title: P
Name: ENGH, DOUG
Address: 12322 NW 7TH LANE
City-St-Zip: NEWBERRY, FL 32669

Title: S
Name: HURST, CAROL
Address: 847 NW 125TH DRIVE
City-St-Zip: NEWBERRY, FL 32669

Title: T
Name: CARROLL, BETTY ANN
Address: 1014 NW 122ND TERRACE
City-St-Zip: NEWBERRY, FL 32669

Title: D
Name: HODOR, ANDREW
Address: 3760 NW 83RD ST #1
City-St-Zip: GAINESVILLE, FL 32606

Title: D
Name: ELLIOTT, BOB
Address: 1020 NW 124TH DR
City-St-Zip: NEWBERRY, FL 32669

I hereby 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 all other like empowered.

SIGNATURE: DOUG ENGH

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date