## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90409 031 \*\*\*150.00

DOCUMENT # 192444  1. Enlity Name WESTMINSTER INC						04-28-2008 90409 031 ***150.00				
Principal Place of Business Mailing Address						4000	1166			
2727 N.OCEAN BLVD. DELRAY BCH., FL 33483		2727 N.OCEAN BLVD. DELRAY BCH., FL 33483				CONTROL TO THE BOAT BOAT AND A BOAT BOAT AND AND A BOAT BOAT AND A BOAT AND AND A BOAT AND A BOAT AND A SHARE A				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022008	Chg-P	CR2E034 (12/0	06)		
City & State		City & State			4. FEI Number 59-0805	330		Applied For Not Applicable		
Zip	Country	Zip	Count	ry		5. Certificate of	Status Desired	☐ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent				7. Name and A	ddress of New R	Registered Agent		
CLAY ID TOURISM				Name	IG.					
CLAY, JR., JOHN W 2727 N. OCEAN BLVD DELRAY BEACH, FL 33483				Street Address (P.O. Box Number is Not Acceptable)						
_										
, ,				City	FL Zip Code					
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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating)  DATE										
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.			11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PĎ.	☐ Delete	TITLE	1				☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS	1		NAME							
CITY-ST-ZIP				ET ADDRESS ST-2IP						
TITLE			TITLE		70		N	Chan	ge PAddition	
NAME			NAME	.		ERSON.	HENRY	B.	ge Madition	
STREET ADDRESS	·			ET ADDRESS	PETERSON HENRY B. 2727 NOWAN BLYD DELRAY BEACH FL 33483					
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-	ST-ZIP	DELRAY BEACH FL 33483					
HTLE	TD	☐ Delete	THE					☐ Chan	ge 🔲 Addition	
NAME	•		NAME							
STREET ADDRESS	2727 N. OCEAN BLVD			ET ADDRESS						
CITY-ST-ZIP	DELRAY BEACH, FL 33483		_	ST-ZIP			·			
NAME	SD POWER, ALEX	☐ Delete	HILE NAME	1				☐ Chan	ge   Addition	
STREET ADDRESS	2727 N. OCEAN BLVD		STRE							
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY							
TILE	VD	☐ Delete	TITLE					☐ Chan	ge 🔲 Addition	
NAME	WHEATLEY, GEORGE M		NAME	1						
STREET ADDRESS	<b>■</b>			ET ADDRESS						
CITY-ST-ZIP	DELRAY BEACH, FL 33483			-ST-ZIP						
TITLE NAME		☐ Delete	TITLE					☐ Chan	ge	
STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
12. I hereby	certify that the information supplied with	h this filing does not qualify f	or the exe	rmotions cor	ntained	in Chapter 119,	Florida Statutes. I	further certify that the	ne information	

indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or 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.