

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 231912

Entity Name: TOM WEST, INC.

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

155 E. OAKLAND AVE.  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

155 E. OAKLAND AVE.  
P.O. BOX 250  
OCOE, FL 347610250

**New Mailing Address:**

FEI Number: 59-0881541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEST, THOMAS S.  
155 EAST OAKLAND AVE.  
OCOE, FL 32761 US

**Name and Address of New Registered Agent:**

WEST, THOMAS M  
155 EAST OAKLAND AVE.  
OCOE, FL 34761 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: T.MILTON WEST = P

04/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WEST, THOMAS M  
Address: 155 OAKLAND AVE  
City-St-Zip: OCOE, FL 34761

Title: VPSD  
Name: WEST, THOMAS S  
Address: 155 EAST OAKLAND AVE  
City-St-Zip: OCOE, FL 34761

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS MILTON WEST

PD

04/10/2012

Electronic Signature of Signing Officer or Director

Date