


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 319213
 1. Entity Name
WEST AVENUE WAREHOUSES, INC.



Principal Place of Business Mailing Address
730 BAYFRONT PKWY, #4-B **730 BAYFRONT PKWY, #4-B**
PENSACOLA, FL 32502 **PENSACOLA, FL 32502**

DO NOT WRITE IN THIS SPACE



02172006 No Chg-P CR2E034 (11/05)

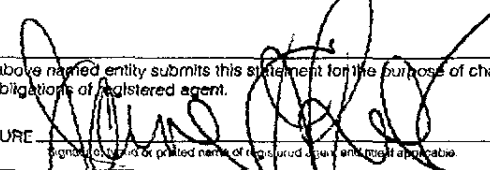
4. FEI Number Applied For
59-1169176 Not Applicable

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

6. Name and Address of Current Registered Agent
REEVES, JAMES J
730 BAYFRONT PKWY, #4-B
PENSACOLA, FL 32501

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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  DATE **3/30/06**

(NOTE: Registered Agent signature required when reinstating)

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**

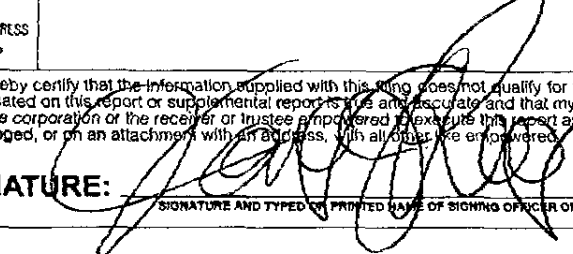
10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	REEVES, JAMES J.
STREET ADDRESS	730 BAYFRONT PKWY, #4-B
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000489666
 04/18/06-80025-022 150.

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 reports 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 fee empowers.

SIGNATURE:  DATE **3/30/06** Daytime Phone # **8504384480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR