

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 365331

FILED  
Apr 03, 2006  
Secretary of State

Entity Name: COLLEGE WEST ESTATES, INC.

## Current Principal Place of Business:

5318 LOWER BURNINGTOWN RD  
FRANKLIN, NC 28734 US

## New Principal Place of Business:

## Current Mailing Address:

5318 LOWER BURNINGTOWN RD.  
FRANKLIN, NC 28734 US

## New Mailing Address:

FEI Number: 59-1307208      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON FOLDS STEADHAM TOUKACH & WALKER PA  
527 EAST UNIVERSITY AVE  
GAINESVILLE, FL 32601 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STEADHAM, J. M.  
Address: 5318 LOWER BURNINGTOWN RD.  
City-St-Zip: FRANKLIN, NC 28734

Title: VP,S ( ) Delete  
Name: STEADHAM, JULIE D  
Address: 5318 LOWER BURNINGTOWN RD.  
City-St-Zip: FRANKLIN, NC 28734

Title: VPT ( ) Delete  
Name: CRAIG, PATRICIA S  
Address: 4818 NW 17TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VP ( ) Delete  
Name: CRAIG, EUGENE A  
Address: 4818 NW 17TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPT (X) Change ( ) Addition  
Name: CRAIG, PATRICIA S  
Address: 1904 NW 89TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32606

Title: VP (X) Change ( ) Addition  
Name: CRAIG, EUGENE A  
Address: 1904 NW 89TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. M. STEADHAM

PD

04/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date