


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90050 049 \*\*\*150.00

<b>DOCUMENT # 365331</b> 1. Entity Name <b>COLLEGE WEST ESTATES, INC.</b>					
Principal Place of Business 5318 LOWER BURNINGTOWN RD FRANKLIN, NC 28734 US			Mailing Address 5318 LOWER BURNINGTOWN RD. FRANKLIN, NC 28734 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip			
4. FEI Number <b>59-1307208</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>WATSON FOLDS STEADHAM TOUKACH &amp; WALKER PA</b> <b>527 EAST UNIVERSITY AVE</b> <b>GAINESVILLE, FL 32601</b>			7. Name and Address of New Registered Agent Name <b>Steven J. Berryhill, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1208 NW 6th Street, Suite B</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32601</b>		
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: <u><i>Steven J. Berryhill</i></u> <b>Steven J. Berryhill</b> <b>02/20/2008</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEADHAM, J. M. 5318 LOWER BURNINGTOWN RD. FRANKLIN, NC 28734	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, S STEADHAM, JULIE D 5318 LOWER BURNINGTOWN RD. FRANKLIN, NC 28734	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT CRAIG, PATRICIA S 1904 NW 89TH DRIVE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRAIG, EUGENE A 1904 NW 89TH DRIVE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPID Craig, Patricia S. 1904 NW 89th Drive Gainesville FL 32606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPID Craig, Patricia S. 1904 NW 89th Drive Gainesville FL 32606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 report 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 like empowered.					
SIGNATURE: <u><i>John M. Steadham</i></u> <b>John M. Steadham, President</b> <b>02/20/08</b> <b>828-369-0139</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					