2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 08:00 AM Secretary of State

DOCUMENT # 449103

WEST ELECTRIC SERVICE, INC.



Principal Place of Business

Mailing Address

1925 VIRGINIA AVENUE

1925 VIRGINIA AVENUE # 1401

1401 FORT MYERS, FL 33901

FORT MYERS, FL 33901



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01222007 No Chg-P

59-1521676

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, WARREN 1925 VIRGINIA AVENUE # 1401 FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

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											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees							
10. OFFICERS AND DIREC		TORS	l								
TITLE	PO										
NAME	WEST, WARREN										
STREET ADDRESS	1925 VIRGINIA AVENUE, # 1401										
CITY ST-ZIP	FORT MYERS, FL 33901										
TITLE	D										
NAME	STAUFFER, PAUL E				000000759098						
STREET ADDRESS	2609 SHELBY PARKWAY				05/24/07-80028-013 150.00						
CITY-ST-ZIP	CAPE CORAL, FL 33904										
TITLE	D										
NAME	YAMAMOTO, STEVEN K										
STREET ADDRESS	708 S.E. 12TH COURT #26			D0	NOT WOITE						
CITY-ST-ZIP	CAPE CORAL, FL 33990			DO	NOT WRITE						

12. I hereby certify that the information supplied with this filling 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 of changed, or on an attachment with an address, with all other like empowered.

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NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Warren C. West

1/29/07

239-565-4166

IN THIS SPACE

Davime Phone #