

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 482715

FILED
Apr 10, 2007
Secretary of State

Entity Name: WEST FLORIDA ENTERPRISES, INC.

Current Principal Place of Business:

990 WHITE AVE
P.O. BOX 301
GRACEVILLE, FL 32440 US

New Principal Place of Business:

990 WHITE AVE
GRACEVILLE, FL 32440 US

Current Mailing Address:

990 WHITE AVE
P.O. BOX 301
GRACEVILLE, FL 324400301 US

New Mailing Address:

P.O. BOX 301
GRACEVILLE, FL 324400301 US

FEI Number: 59-1609894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKIPPER, ROBERT L.
RAILROAD AVE.
NOMA, FL 32452 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: SKIPPER, ROBERT L.,
Address: SKIPPER AVE
City-St-Zip: NOMA, FL

Title: VD () Delete
Name: SKIPPER, GEORGE TERR, Y
Address: SKIPPER AVE
City-St-Zip: NOMA, FL

Title: S () Delete
Name: SKIPPER, MARY A.,
Address: SKIPPER AVE
City-St-Zip: NOMA, FL

Title: D () Delete
Name: BELL, JUDY,
Address: 1130 SELMA CHURCH RD
City-St-Zip: GRACEVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT L. SKIPPER

PRES

04/10/2007

Electronic Signature of Signing Officer or Director

Date