

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 482715

FILED
Mar 28, 2009
Secretary of State

Entity Name: WEST FLORIDA ENTERPRISES, INC.

Current Principal Place of Business:

990 WHITE AVE
GRACEVILLE, FL 32440 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 301
GRACEVILLE, FL 324400301 US

New Mailing Address:

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.
3462 SKIPPER AVE
NOMA, FL 32452 US

Name and Address of New Registered Agent:

SKIPPER, ROBERT L.
3462 SKIPPER AVE
BONIFAY, FL 32525 US

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:

03/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SKIPPER, ROBERT L.,
Address: 3462 SKIPPER AVE.
City-St-Zip: NOMA, FL 32452 US

Title: VD () Delete
Name: SKIPPER, GEORGE TERR, Y
Address: SKIPPER AVE
City-St-Zip: NOMA, FL 32452 US

Title: S () Delete
Name: SKIPPER, MARY A.,
Address: 3462 SKIPPER AVE
City-St-Zip: NOMA, FL 32452 US

Title: D () Delete
Name: BELL, JUDY,
Address: 1130 SELMA CHURCH RD
City-St-Zip: GRACEVILLE, FL 32440 US

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 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

03/28/2009

Electronic Signature of Signing Officer or Director

Date