


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90305 030 ***150.00

DOCUMENT # 552701 1. Entity Name DAVID M. WEST R.P.T., P.A.			
Principal Place of Business 1601 S.E. HWY 441 LOT 134 OKEECHOBEE, FL 34974		Mailing Address 1601 S.E. HWY 441 LOT-134 OKEECHOBEE, FL 34974	
2. Principal Place of Business 185 Piedmont Rd. Suite, Apt. #, etc. Apt 1		3. Mailing Address 185 Piedmont Rd Suite, Apt. #, etc. Apt 1	
City & State Rutherfordton NC		City & State Rutherfordton NC	
Zip 28139 County Rutherford		Zip 28139 County Rutherford	
4. FEI Number 59-1786682		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KONEN, LINDA L 2909 SE 24TH ST. OKEECHOBEE, FL 34974		7. Name and Address of New Registered Agent Name Corinne Mauldin Street Address (P.O. Box Number is Not Acceptable) 323 Marjorie Blvd City Longwood FL Zip Code 32759	
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>Corinne Mauldin</u> DATE <u>4/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P WEST, DAVID M 1752 S W 37TH AVE OKEECHOBEE, FL 34974	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 exemption stated in Section 119.07(3)(i), 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>David M. West</u>		Date <u>4/15/05</u> Daytime Phone # <u>828-287-5738</u>	