

# 2008 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 625859**

1. Entity Name  
**WEST INVESTMENT COMPANY, INC.**



Principal Place of Business

**925 SOUTH FEDERAL HIGHWAY  
SUITE 425  
BOCA RATON, FL 33432 US**

Mailing Address

**925 SOUTH FEDERAL HIGHWAY  
SUITE 425  
BOCA RATON, FL 33432 US**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-2047857**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WALTERS, CLIFFORD  
802 11TH STREET W.  
BRADENTON, FL 34205**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000791220  
01/23/08-80066-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LEVIN, RICHARD  
STREET ADDRESS 925 SOUTH FEDERAL HIGHWAY SUITE 425  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE DVST  
NAME RICE, SUZANNE L  
STREET ADDRESS 1733 W FLETCHER AVE  
CITY-ST-ZIP TAMPA, FL 33612

TITLE DVST  
NAME LEVIN, STEVEN  
STREET ADDRESS 925 SOUTH FEDERAL HIGHWAY SUITE 425  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/08 561-948-7100