

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 639696

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: LEE WEST & ASSOCIATES, INC.

**Current Principal Place of Business:**

101 SE 14TH STREET  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

101 SE 14TH STREET  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 59-1942899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEST, RICK  
101 SE 14TH STREET  
FT. LAUDERDALE, FL 33316 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: WEST, RICK  
Address: 1961 SOUTHWEST 52 TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: VD ( ) Delete  
Name: WEST, LEE  
Address: 130 NURMI DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RICK WEST

PD

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date