

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827984

FILED
Feb 27, 2012
Secretary of State

Entity Name: WESTBY CORPORATION

Current Principal Place of Business:

1710 LAKE GROVES RD NW
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

11450 SE DIXIE HWY
SUITE 204
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 51-0115384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODWIN, L. WAYNE
1710 LAKE GROVES RD NW
LAKE PLACID, FL 33852 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

OFFICERS AND DIRECTORS:

Title: P
Name: CASPERSEN, BARBARA M
Address: 11450 SE DIXIE HWY, SUITE 204
City-St-Zip: HOBE SOUND, FL 33455

Title: VP
Name: CASPERSEN, ERIK M
Address: 11450 SE DIXIE HWY, SUITE 204
City-St-Zip: HOBE SOUND, FL 33455

Title: VP
Name: CASPERSEN, ANDREW W
Address: 11450 SE DIXIE HWY., STE 204
City-St-Zip: HOBE SOUND, FL 33455

Title: VP
Name: CLARK, ELIZABETH
Address: 11450 SE DIXIE HWY., STE 204
City-St-Zip: HOBE SOUND, FL 33455

Title: VP
Name: GODWIN, WAYNE L
Address: 11450 SE DIXIE HWY., STE 204
City-St-Zip: HOBE SOUND, FL 33455

Title: S
Name: KEEGAN, LUCILLE F
Address: 11450 SE DIXIE HWY, ST 204
City-St-Zip: HOBE SOUND, FL 33455

I hereby 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 all other like empowered.

SIGNATURE: ERIK M.W. CASPERSEN

VP

02/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date