


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90185 006 ***150.00

DOCUMENT # F03000001573			
1. Entity Name WESTERN FUNDING INCORPORATED			
Principal Place of Business 324 N. DALE MABRY HWY TAMPA, FL 33609		Mailing Address 3915 E PATRICK LANE LAS VEGAS, NV 89120	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 95-2398043		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		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <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	C KROCHTA, BARBARA 3915 E PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV Krochta, Barbara 3915 E. Patrick Lane Las Vegas, NV 89120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COPE, E. DWIGHT 3915 E PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS Cope, Irene R. 3915 E. Patrick Lane Las Vegas, NV 89120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KELLER, LESTER A 3915 E PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Merrell Adrianna 3915 E. Patrick Lane Las Vegas, NV 89120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PECK, WALTER R JR. 3915 E. PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hall, James A. 3915 E. Patrick Lane Las Vegas, NV 89120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COPE, IRENE R 3915 E. PATRICK LANE LAS VEGAS, NV 89120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Correio, Raymond F. 3915 E. Patrick Lane Las Vegas, NV 89120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS MOUNT, SANDRA 3915 E. PATRICK LANE LAS VEGAS, NV 89120 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attachment <input type="checkbox"/> Change <input type="checkbox"/> Addition
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, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Lester A Keller</i>		04/25/05 702-434-1990	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

50044965



04192005 Chg-P CR2E034 (10/03)

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001573



1. Entity Name
WESTERN FUNDING INCORPORATED

Principal Place of Business
**324 N. DALE MABRY HWY
TAMPA, FL 33609**

Mailing Address
**3915 E PATRICK LANE
LAS VEGAS, NV 89120**

WESTERN FUNDING INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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2. Principal Place of Business

3. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
95-2398043

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	KROCHTA, BARBARA	3915 E PATRICK LANE	LAS VEGAS, NV 89120	<input type="checkbox"/>
DP	COPE, E. DWIGHT	3915 E PATRICK LANE	LAS VEGAS, NV 89120	<input type="checkbox"/>
DST	KELLER, LESTER A	3915 E PATRICK LANE	LAS VEGAS, NV 89120	<input type="checkbox"/>
V	PECK, WALTER R JR.	3915 E. PATRICK LANE	LAS VEGAS, NV 89120	<input type="checkbox"/>
AS	COPE, IRENE R	3915 E. PATRICK LANE	LAS VEGAS, NV 89120	<input type="checkbox"/>
ATAS	MOUNT, SANDRA	3915 E. PATRICK LANE	LAS VEGAS, NV 89120	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V	Shannon, Gary C.	3915 E. Patrick Lane	Las Vegas, NV 89120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Robertson, Donald R.	3915 E. Patrick Lane	Las Vegas, NV 89120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Lester A Keller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/05 702-434-1990
Date Daytime Phone #