


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90012 027 \*\*\*150.00

<b>DOCUMENT # F04000000086</b>					
1. Entity Name <b>WESTERVELT REALTY, INC.</b>					
Principal Place of Business <b>1400 JACK WARNER PARKWAY TUSCALOOSA AL 35404</b>			Mailing Address <b>1400 JACK WARNER PARKWAY TUSCALOOSA AL 35404</b>		
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 <b>63-0738870</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>			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 <u><i>Ernest W. Jelt</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS					
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARNER, JON		NAME		
STREET ADDRESS	1400 JACK WARNER PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA AL 35404		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASE, MICHAEL E		NAME		
STREET ADDRESS	1400 JACK WARNER PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA AL 35404		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAW, ELIZABETH K		NAME		
STREET ADDRESS	1400 JACK WARNER PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA AL 35404		CITY-ST-ZIP		
TITLE	VTAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRETT, ROBERT A		NAME		
STREET ADDRESS	1400 JACK WARNER PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA AL 35404		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHEN, CHARLES F		NAME		
STREET ADDRESS	ROBOSKI		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA AL 35404		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUBBARD, EDWARD H		NAME		
STREET ADDRESS	1400 JACK WARNER PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TUSCALOOSA AL 35404		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Edward H. Hubbard* **2-16-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #