

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003292

1. Entity Name
WESTERN FINANCE, INC.



Principal Place of Business
**2280 S. XANADU WAY, #380
AURORA, CO 80014**

Mailing Address
**2280 S. XANADU WAY, #380
AURORA, CO 80014**



07212005 No Chg-P CR2E034 (10/03)

4. FEI Number
84-1407263

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

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

**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 \$550.00
Due by September 7, 2005**

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
**CP
STEWART, RICHARD J
2280 S. XANADU WAY, #380
AURORA, CO 80014**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVPS
STEWART, TERRY J
2280 S. XANADU WAY, #380
AURORA, CO 80014**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

000000378307
09/16/05-800002-012 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD STEWART 9/7/05 303-368-1300

Day

Daytime Phone #