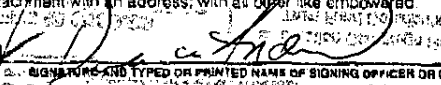


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90394 009 ***150.00

DOCUMENT # F97000001223					
1. Entity Name WAY OUT WEST, INC.					
Principal Place of Business 4717 US HWY 27 N DAVENPORT, FL 33837			Mailing Address 43370 HIGHWAY 27 DAVENPORT, FL 33837		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4282004 Chg-P CR2E034 (10/03)			4. FEI Number 59-3420383		
			Applied For Not Applicable		
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		
ANDERS, JAMES F 4717 US HWY 27 N DAVENPORT, FL 33837			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		
DP	ANDERS, PAMELA C	43370 HIGHWAY 27	DAVENPORT, FL 33837		
DV	ANDERS, JAMES F	43370 HIGHWAY 27	DAVENPORT, FL 33837		
DST	CARSON, MARGUERITE	43370 HIGHWAY 27	DAVENPORT, FL 33837		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerment.					
SIGNATURE:  DATE: 4-28-04 / 863 424-1844					