

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90063 038 ***150.00

DOCUMENT # F97000002399

1. Entity Name

BANTEK WEST, INC.



Principal Place of Business

6130 EDGEWATER DR. #8
ORLANDO FL 32810
US

Mailing Address

4600 S. ULSTER ST.
1325
DENVER CO 80237
US



2. Principal Place of Business

BANTEK WEST, INC.

Suite, Apt. #, etc.

5404 56TH COMMERCE BLVD

City & State

TAMPA FL

Zip

33610

Country

USA

3. Mailing Address

NO CHANGE

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

84-1035002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SEVERINO, DOROTHY
515 WOODLAND STREET
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name

SANDY CHILDERS

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

5404 56TH COMMERCE BLVD

City **TAMPA**

FL

Zip Code

33610

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HOUKOM, LEIF W**
STREET ADDRESS **21659 E. BRIARWOOD DRIVE**
CITY-ST-ZIP **AURORA CO 80016**

TITLE **ST** ☒ Delete
NAME **TUDOR, HAL B**
STREET ADDRESS **7372 SPRING DRIVE**
CITY-ST-ZIP **BOULDER CO**

TITLE **D** ☐ Delete
NAME **WICH, FREDERICK P JR.**
STREET ADDRESS **3135 THAYER STREET**
CITY-ST-ZIP **EVANSTON IL 60201**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **HOUKOM, LEIF W**
STREET ADDRESS **19446 E HINSDALE**
CITY-ST-ZIP **CENTENNIAL CO 80016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **WICH, FREDERICK P JR**
STREET ADDRESS **1120 LAKESHORE BLVD**
CITY-ST-ZIP **EVANSTON IL 60202**

TITLE ☐ Change ☒ Addition
NAME **CFO**
STREET ADDRESS **MAGUIRE, KELLY**
CITY-ST-ZIP **12471 VENTANA MESA CIRCLE**
CASTLE ROCK CO 80108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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:

Kelly Maguire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

303-614-4703

Date

Daytime Phone #