

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

02-23-2005 90059 045 ***158.75

DOCUMENT # F98000007016 1. Entry Name THE XWEST GROUP, INCORPORATED					
Principal Place of Business 5100 W. SILVER SPRINGS BLVD STE 1000 OCALA FL 34481			Mailing Address 5100 W. SILVER SPRINGS BLVD STE 1000 OCALA FL 34481		
2. Principal Place of Business 11851 sw 38 th St.		3. Mailing Address 4421 nw Blitchton Road Box #408			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State OCALA FL		City & State Ocala FL		4. FEI Number 25-1776671	
Zip 34481		Country Marion		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34482		Country marion		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DIPIAZZA, EVONNE 5100 W. SILVER SPRINGS BLVD OCALA FL 34481			7. Name and Address of New Registered Agent Name DIPIAZZA, EVONNE Street Address (P.O. Box Number is Not Acceptable) 11851 SW 38th Street City Ocala FL 34481		
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>Evonne DiPiazza</i></u> Evonne DiPiazza <u>2-16-05</u> <small>Signature, typed or printed name of registered agent, if not applicable (NOTE: Registered Agent signature required when re-appointing) DATE</small>					
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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE V NAME DIPIAZZA, RONALD P STREET ADDRESS 11851 SW 38TH ST CITY-ST-ZIP OCALA FL 34481	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME DIPIAZZA, EVONNE STREET ADDRESS 11851 SW 38TH ST CITY-ST-ZIP OCALA FL 34481	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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 if changed, or on an attachment with an address, with all other title empowered.					
SIGNATURE: <u><i>Evonne DiPiazza</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-4-05</u> <u>(352) 854-9220</u> <small>Date Daytime Phone #</small>		