

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90039 040 \*\*\*150.00

DOCUMENT # F98000007016

1. Entity Name

THE XWEST GROUP, INCORPORATED



Principal Place of Business

11851 SW 38TH ST  
OCALA FL 34481

Mailing Address

4421 NW BLITCHTON RD  
BOX 408  
OCALA FL 34482



2. Principal Place of Business - No P.O. Box #

9587 SW 71st Loop

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Ocala FL 34482

City & State

4. FEI Number 25-1776671

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIPIAZZA, EVONNE  
11851 SW 38TH ST  
OCALA FL 34481

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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 V  
NAME DIPIAZZA, RONALD P ☐ Delete  
STREET ADDRESS 11851 SW 38TH ST  
CITY- ST- ZIP Ocala FL 34481

TITLE P  
NAME DIPIAZZA, EVONNE ☐ Delete  
STREET ADDRESS 11851 SW 38TH ST  
CITY- ST- ZIP Ocala FL 34481

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 9587 SW 71st Loop  
CITY- ST- ZIP Ocala FL 34482

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 9587 SW 71st Loop  
CITY- ST- ZIP Ocala FL 34482

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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 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: *Evonne DiPiazza* Evonne DiPiazza

3-12-07

352-854-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #