

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G40160

FILED
Feb 06, 2004
Secretary of State

Entity Name: WEST VIEW RIDGE RESORTS, INC.

Current Principal Place of Business:

3737 US 27 NORTH
HAINES CITY, FL 338448841

New Principal Place of Business:

Current Mailing Address:

11367 DEERFIELD ROAD
CINCINNATI, OH 45242 US

New Mailing Address:

5761 LUCLARE DR.
CINCINNATI, OH 45233 US

FEI Number: 59-2315891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMS, MARY
37 TURTLE LANE
1
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KLEKAMP, VIRGINIA C
Address: 1259 PINEKNOT
City-St-Zip: CINCINNATI, OH 45238

Title: SD () Delete
Name: RAMUNDO, KAREN
Address: 6030 CHRISTOPHER
City-St-Zip: CINCINNATI, OH 45233

Title: PD () Delete
Name: KLEKAMP, KENNETH
Address: 5761 LUCLARE DR
City-St-Zip: CINCINNATI, OH 45233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN KLEKAMP

PD

02/06/2004

Electronic Signature of Signing Officer or Director

Date