

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H81046

1. Entity Name  
WEST EDGE, INC.



Principal Place of Business  
5798 W. SHORE DRIVE  
NEW PORT RICHEY, FL 34652

Mailing Address  
5798 W. SHORE DRIVE  
NEW PORT RICHEY, FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT  
05082006 REIN-R CR2E098 (1/05) 05-06

4. FEI Number  
59-2683005

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

PAPPAS, HARRY  
5798 WESTSHORE DR.  
NEW PORT RICHEY, FL 34652

Name Laurie E. Ohall, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
9350 Bay Plaza Blvd.  
Suite 120-04  
City Tampa FL Zip Code 33619

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]

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

(NOTE: Registered Agent signature required when reinstating)

5/6/06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME PAPPAS, HARRY ☐ Delete  
STREET ADDRESS 5798 W. SHORE DR.  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE P, S, T ☒ Change ☐ Addition  
NAME Pappas, Harry  
STREET ADDRESS Same address  
CITY-ST-ZIP

TITLE P ☒ Delete  
NAME PAPPAS, ANESSA M  
STREET ADDRESS 5798 W SHORE DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Change ☐ Addition  
NAME 900075217449  
STREET ADDRESS 05/25/06--01005--013 \*\*300.00  
CITY-ST-ZIP

TITLE ST ☒ Delete  
NAME PAPPAS, ANGELA L  
STREET ADDRESS 5798 W SHORE DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 exemptions contained in Chapter 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/06

Date

Daytime Phone #