2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45151

Entity Name: WEST VOLUSIA SHED COLLING

FILED Mar 27, 2007 Secretary of State

Littly Nai	ile. VVEST V	OLOGIA GITLD CO., INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX 741012 ORANGE CITY, FL 327741012			3030 S. WOODLAND DELAND, FL 32720	3030 S. WOODLAND BLVD. DELAND, FL 32720	
Current Mailing Address:			New Mailing Address:		
P.O. BOX ORANGE	741012 CITY, FL 327	741012			
FEI Number:	59-2914892	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
PELLAND, 424 HOME DEBARY, I	EWOOD AVE	US	PELLAND, ROBERT 212 LOURDAN CT. DEBARY, FL 32713	US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				03/27/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DS (PELLAND, BE 424 HOMEWO DEBARY, FL	OD AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (PELLAND, RO 424 HOMEWO DEBARY, FL	OD AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP (PELLAND, RO 2031 ALMONE ORANGE CITY	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: DEENA P. KENT VP 03/27/2007

541 HEATHER LANE

ORANGE CITY, FL 32763

Address:

City-St-Zip: