


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # K56184 1. Entity Name WEST OF EDEN, INC.	
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Principal Place of Business 824 N. HIGHLAND AVE. ORLANDO, FL 32803	Mailing Address 824 N. HIGHLAND AVE. ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2929949	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALTER N. CARPENTER, JR. 824 N. HIGHLAND AVE. ORLANDO, FL 32803
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, ARTHUR F. 112 EAST BROADWAY OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, CHARLES WM. 112 EAST BROADWAY OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, DAVID L. 112 EAST BROADWAY OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, JOHN W., JR. 112 EAST BROADWAY OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, WALTER N., JR 824 N. HIGHLAND AVENUE ORLANDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000352166
05/03/05-80016-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05
Date

407-648-2199
Daytime Phone #