


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 08:00 AM
Secretary of State

| | | | | | |
|--|-------------------------------|--|--|---|--|
| DOCUMENT # K87555 1. Entity Name WEST GATE MOBILE MANOR, INC. | | | |  | |
| Principal Place of Business C/O EARL WALLSCHLEAGER 7499 46TH AVENUE NORTH ST. PETERSBURG FL 33709 | | | Mailing Address C/O EARL WALLSCHLEAGER 7499 46TH AVENUE NORTH ST. PETERSBURG FL 33709 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2959727 | |
| Zip | | Country | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WALLSCHLEAGER, EARL 7499 46TH AVENUE NORTH ST. PETERSBURG FL 33707 | | | Name <u>Same</u> 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 <u>Earl Wall Schleager</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE <u>April 20-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALLSCHLEAGER, EARL | | NAME | | |
| STREET ADDRESS | 7499 46TH AVENUE NORTH | | STREET ADDRESS | | |
| CITY - ST - ZIP | ST. PETERSBURG FL | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALLSCHLEAGER, LINDA | | NAME | | |
| STREET ADDRESS | 7499 46TH AVENUE NORTH | | STREET ADDRESS | | |
| CITY - ST - ZIP | ST. PETERSBURG FL | | CITY - ST - ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | 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: <u>Earl Wall Schleager</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>April 2007</u> 727-546-3776 | | |



1st MOORE CR2E034 (10/06)

4. FEI Number **59-2959727**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name Same
 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 Earl Wall Schleager
Signature, typed or printed name of registered agent and title if applicable.
 DATE April 20-07
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
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