

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L02957

FILED
Apr 22, 2009
Secretary of State

Entity Name: WEST PASCO PROPERTIES, INC.

Current Principal Place of Business:

C/O DAVID W. WILLIAMS
PO BOX 2003
NEW PORT RICHEY, FL 346569003

New Principal Place of Business:

C/O DAVID W. WILLIAMS
10339 KEY LANTERN DR
NEW PORT RICHEY, FL 34654

Current Mailing Address:

C/O DAVID W. WILLIAMS
PO BOX 2003
NEW PORT RICHEY, FL 346569003

New Mailing Address:

C/O DAVID W. WILLIAMS
10339 KEY LANTERN DR
NEW PORT RICHEY, FL 34654

FEI Number: 59-2968270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DAVID W.
10339 KEY LANTERN DR.
NEW PORT RICHEY, FL 34654 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: PD () Delete
Name: WILLIAMS, DAVID W.
Address: 10339 KEY LANTERN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: SHARKEY, JERROLD
Address: 310 HIGH STREET
City-St-Zip: NEW PORT RICHEY, FL

Title: STD () Delete
Name: LITTLE, PETER A.
Address: 6828 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL

Title: V () Delete
Name: LITTLE, DESMOND GENE
Address: 6828 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL

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:

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

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

SIGNATURE: DAVID W. WILLIAMS

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date