

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L02957

FILED  
Feb 17, 2011  
Secretary of State

Entity Name: WEST PASCO PROPERTIES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID W. WILLIAMS

PD

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date