


**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

08 MAR 27 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008282					
1. Entity Name WEST CENTRAL FLORIDA GROUP, INC.					
Principal Place of Business 31860 TAYLOR GRADE ROAD DUETTE, FL 33834-6862			Mailing Address 31860 TAYLOR GRADE ROAD DUETTE, FL 33834-6862		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1061382	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PICKERING, ALAN J 31860 TAYLOR GRADE ROAD DUETTE, FL 33834-6862				Name	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		10. \$5.00 May Be Added to Fees
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTH, PAUL J			NAME	200122761252
STREET ADDRESS	9231 120TH STREET NORTH			STREET ADDRESS	04/09/08--01044--007
CITY-ST-ZIP	SEMINOLE, FL 33772			CITY-ST-ZIP	**61.25
TITLE	D	<input type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, EDWIN P III			NAME	
STREET ADDRESS	821 NORTH POMPANO AVENUE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUPKE, PAUL E			NAME	
STREET ADDRESS	11931-92ND WAY NORTH			STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33773			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKERING, ALAN			NAME	
STREET ADDRESS	31860 TAYLOR GRADE RD.			STREET ADDRESS	
CITY-ST-ZIP	DUETTE, FL 33834			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DAVE			NAME	
STREET ADDRESS	6644 ROWAN RD			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEEMAN, SEAN			NAME	
STREET ADDRESS	6644 ROWAN RD			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: <i>Alan Pickering</i> ALAN PICKERING 03-17-2008 941-776-0933					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



03172008 Chg-NP CR2E037 (12/06)

KS