

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90307 003 ****61.25

DOCUMENT # N11190

1. Entity Name

WEST END MASTER MAINTENANCE, INC.



Principal Place of Business

Mailing Address

4400 NW 36TH AVE
GAINESVILLE FL 32606
US

4400 NW 36TH AVE
GAINESVILLE FL 32606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2779916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPPE, PAT
MANAGEMENT SPECIALISTS
4400 NW 36TH AVE
GAINESVILLE FL 32606

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **SCHORN, TERESA G**
STREET ADDRESS **1068 125 DR**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **VP** ☐ Delete
NAME **DIXON, JEAN**
STREET ADDRESS **828 NW 124 DR.**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **DS** ☐ Delete
NAME **COARI, DELORES**
STREET ADDRESS **1027 NW 123 DRIVE**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Bob Elliot**
STREET ADDRESS **1080 NW 124th Dr.**
CITY-ST-ZIP **Newberry fl. 32669**

TITLE **T** ☐ Change ☒ Addition
NAME **Dale Braynard**
STREET ADDRESS **953 NW 122nd Terr.**
CITY-ST-ZIP **Newberry fl. 32669**

TITLE **D** ☐ Change ☒ Addition
NAME **Red Schofield**
STREET ADDRESS **12019 NW 9th Lane**
CITY-ST-ZIP **Newberry Fl. 32669**

TITLE **D** ☐ Change ☒ Addition
NAME **Clancy Stock**
STREET ADDRESS **12334 NW 8th Pl.**
CITY-ST-ZIP **Newberry Fl. 32669**

TITLE **D** ☐ Change ☐ Addition
NAME **Rhea Broyles**
STREET ADDRESS **823 NW 125th Dr.**
CITY-ST-ZIP **Newberry Fl. 32669**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

[Signature]

04/27/06 352-514-7152