

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15769

**FILED**  
**Feb 07, 2004**  
**Secretary of State****Entity Name:** PARK WEST CORPORATION**Current Principal Place of Business:**1021 N NEW YORK AVE  
WINER PARK, FL 32789 US**New Principal Place of Business:**1021 N NEW YORK AVE  
WINTER PARK, FL 32789 US**Current Mailing Address:**P.O. BOX 470  
WINTER PARK, FL 32790 US**New Mailing Address:****FEI Number:** 59-2795623      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**COWART, JR F O  
420 CORNWALL RD  
WINTER PARK, FL 32792 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:** C/D      ( ) Delete  
**Name:** COLLEY, CARLTON E MR  
**Address:** 2923 SUMMERFIELD RD  
**City-St-Zip:** WINTER PARK, FL 32792 US**Title:** V/D      ( ) Delete  
**Name:** BAKER, FRANK  
**Address:** 650 NORTHWOOD CIRCLE  
**City-St-Zip:** WINTER PARK, FL 32789 US**Title:** S/D      ( ) Delete  
**Name:** ELMER, KAY MRS  
**Address:** 436 CORNWALL RD  
**City-St-Zip:** WINTER PARK, FL 32789 US**Title:** D      ( ) Delete  
**Name:** WADSAGER, HERB MR  
**Address:** 318 BARCLAY AVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701 US**Title:** D      ( ) Delete  
**Name:** TWIDDY, DAVID MR  
**Address:** 6004 TWIN LAKES LN  
**City-St-Zip:** OVIEDO, FL 327658514 US**Title:** D      ( ) Delete  
**Name:** MCNEAL, HERB MR  
**Address:** 520 S. LAKEMONT AVE  
**City-St-Zip:** WINTER PARK, FL 32792 US**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:** D      (X) Change ( ) Addition  
**Name:** DELANEY, GEORGE MR  
**Address:** 2032 COLLIER DR  
**City-St-Zip:** FERN PARK, FL 32730 US**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D      (X) Change ( ) Addition  
**Name:** HUNTER, DON MR  
**Address:** 707 THUNDER TR  
**City-St-Zip:** MAITLAND, FL 32751 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLTON E. COLLEY

C/D

02/07/2004

Electronic Signature of Signing Officer or Director

Date

EULA REED (D)  
4658 HALL RD  
ORLANDO, FL 32817-1202