2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # P0000003393 1. Enlity Name WEST LAKE ESTATES INC.					Secreta	iry of State
Principal Plac 108 E 27TH JACKSONVILL			* ,			
•				i 15611011 111 111 111 11		## ### # ##! ##
DO NOT WRITE IN THIS SPACE				04262005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For		
				NOT APPLICABLE Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
6. Name and Address of Current Registered Agent						Fee Required
THOMPSON, FRED JR						· ·
JACKSONVILLE, FL 32206				DO NOT WRITE		
			IN THIS SPACE			
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 of spo1cable. (NOTE: Registered Agent a gneture required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				00 May Be ed to Fees		•
10.	ÖFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·	- Carlon Lips	
TITLE NAME	P THOMPSON, FRED M JR			,		
STREET ADDRESS	108 E27TH ST					ı
CITY-SY-ZIP TITLE	JACKSONVILLE, FL 32206		1		<u> <u>4</u>00000047</u>	772 3 -009 150.00
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CITY-ST-ZIP					219 s	!
title Name				•		
STREET ADDRESS						
CITY-ST-ZIP	pertily that the information expedient with the F	ling does not qualify for the over	motion stated in Pa	ction 110 D7/2V/N El-	vida Statuton I futb	cartify that the Information
12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 807, 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						

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR