


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000003393
 1. Entity Name
 WEST LAKE ESTATES INC.



Principal Place of Business 108 E 27TH ST JACKSONVILLE, FL 32206	Mailing Address 108 E 27TH ST JACKSONVILLE, FL 32206
--	--

DO NOT WRITE IN THIS SPACE



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THOMPSON, FRED JR
 108 E 27TH ST
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

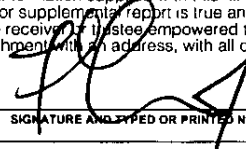
UD00000856200
 03/28/08-80002-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, FRED M JR 108 E. 27TH ST JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 supplementing 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 607, 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:  DATE: 3/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #