

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90024 017 ***150.00

DOCUMENT # P0000066012

1. Entity Name

WESTMINSTER PARTNERS, INC.



Principal Place of Business

677 N. WASHINGTON BLVD
SUITE 2
SARASOTA FL 34236

Mailing Address

677 N. WASHINGTON BLVD
SUITE 2
SARASOTA FL 34236

2. Principal Place of Business

950 SOUTH TAMiami TRAIL

3. Mailing Address

950 SOUTH TAMiami TRAIL

Suite, Apt. #, etc.

SUITE #104

Suite, Apt. #, etc.

SUITE #104

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1023320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADCOCK, ROBERT D
1674 7TH STREET
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ADCOCK, ROBERT D
STREET ADDRESS 1674 7TH STREET
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ Delete
NAME ADCOCK, CARMEN V
STREET ADDRESS 1674 7TH STREET
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 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:

Robert D. Adcock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06

Date

(941) 955-0106

Daytime Phone #