

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90028 040 ***150.00

DOCUMENT # P00000074824

1. Entity Name

PAUL STANLEY WEST, P.A.



Principal Place of Business

600 S. ORLANDO AVE.
SUITE 101
MAITLAND FL 32751

Mailing Address

600 S. ORLANDO AVE.
SUITE 101
MAITLAND FL 32751

2. Principal Place of Business

600 S. ORLANDO AVE
SUITE 301

3. Mailing Address

600 S. ORLANDO AVE
SUITE 301



MOORE

CR2E034 (11/03)

City & State

MAITLAND, FL

City & State

MAITLAND, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

4. FEI Number

59-3669220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEST, PAUL STANLEY
2672 TUSCARORA TRAIL
MAITLAND FL 32751-5145

7. Name and Address of New Registered Agent

Name

change address only

Street Address (P.O. Box Number is Not Acceptable)

600 S. ORLANDO AVE

SUITE 301

City

Maitland FL

FL

Zip Code

32751

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

Paul S. West

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	PTSD	<input type="checkbox"/> Delete
NAME	WEST, PAUL STANLEY	
STREET ADDRESS	2672 TUSCARORA TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751-5145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, PAUL STANLEY	
STREET ADDRESS	2982 HARBOUR LANDING WAY	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, MATTHEW	
STREET ADDRESS	415 LOCHMOND DR	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, ANNE M.	
STREET ADDRESS	2982 HARBOUR LANDING WAY	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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:

Paul S. West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL S. WEST
PRESIDENT 1/29/04 407
678-9111

Date

Daytime Phone #