

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000074824

Entity Name: PAUL STANLEY WEST, P.A.

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

600 S. ORLANDO AVE.  
SUITE 301  
MAITLAND, FL 32751

## New Principal Place of Business:

## Current Mailing Address:

600 S. ORLANDO AVE.  
SUITE 301  
MAITLAND, FL 32751

## New Mailing Address:

FEI Number: 59-3669220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEST, PAUL STANLEY  
600 S. ORLANDO AVE.  
SUITE 301  
MAITLAND, FL 327515145 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: WEST, PAUL STANLEY  
Address: 2982 HARBOUR LANDING WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: VD ( ) Delete  
Name: WEST, MATTHEW  
Address: 415 LOCHMOND DR.  
City-St-Zip: FERN PARK, FL 32730

Title: DT ( ) Delete  
Name: WEST, ANNIE M  
Address: 2982 HARBOUR LANDING WAY  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: WEST, ANNIE M  
Address: 2982 HARBOUR LANDING WAY  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL STANLEY WEST

PTSD

01/07/2009

Electronic Signature of Signing Officer or Director

Date