

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90043 012 ***150.00

DOCUMENT # P00000089592

1. Entity Name

WESTLINK, INC.



Principal Place of Business

149 SWEET BAY CIRCLE
JUPITER FL 33458

Mailing Address

149 SWEET BAY CIRCLE
JUPITER FL 33458



2. Principal Place of Business -

14050 Leeward Way

Suite, Apt. #, etc.

3. Mailing Address

14050 Leeward Way

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens FL

4. FEI Number

59-3671492

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

33410

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NANCY, SHELIDS
149 SWEET BAY CIRCLE
JUPITER FL 33458

14050 Leeward Way
Palm Beach Gardens FL 33410

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 reinstating)

DATE

3/8/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PD ☐ Delete
NAME SHIELDS, NANCY
STREET ADDRESS 149 SWEET BAY CR
CITY-ST-ZIP JUPITER FL 33458

TITLE VP ☐ Delete
NAME PETER, ALBURY
STREET ADDRESS 149 SWEET BAY CR
CITY-ST-ZIP JUPITER FL 33458

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 PD ☒ Change ☐ Addition
NAME Nancy Shields
STREET ADDRESS 14050 Leeward Way
CITY-ST-ZIP Palm Beach Gardens FL 33410

TITLE VP ☒ Change ☐ Addition
NAME Peter Albory
STREET ADDRESS 14050 Leeward Way
CITY-ST-ZIP Palm Beach Gardens FL 33410

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Shields

3/8/05

561-262-6011

Date

Daytime Phone #