


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90005 027 \*\*\*550.00

<b>DOCUMENT # P00000100904</b>	
<b>1. Entity Name</b> WEST SABAL PALM ASSOCIATES, INC.	

<b>Principal Place of Business</b> 51 OAKLEIGH LANE MAITLAND, FL 32751	<b>Mailing Address</b> P.O. BOX 940605 MAITLAND, FL 32794
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<b>2. Principal Place of Business</b> elo Maitland Realty Co Suite, Apt. #, etc. PO Box 940605 City & State Maitland, FL Zip 32794-0605 Country USA	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country
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07022004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3687278	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> CALHOUN, MICHAEL D 51 OAKLEIGH LANE MAITLAND, FL 32751	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1352 W. LAKE COLONY DR City FL Zip Code
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**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALHOUN, MICHAEL D P.O. BOX 940605 MAITLAND, FL 32794 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** Michael D. Calhoun **89-04 407-629-9304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #