

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000019652	
1. Entity Name G. C. WEST, INC.	

Principal Place of Business 5728 MAJOR BOULEVARD SUITE 174 ORLANDO, FL 32819	Mailing Address 5728 MAJOR BOULEVARD SUITE 174 ORLANDO, FL 32819
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04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3714503Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****DIAB, MOHAMMED
5728 MAJOR BOULEVARD
SUITE 174
ORLANDO, FL 32819****DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ELIAS, ADIL R DR.
STREET ADDRESS	115 PALMER AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	ELIAS, AIDA A MRS.
STREET ADDRESS	115 PALMER AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	DIAB, MOHAMMED MR.
STREET ADDRESS	5728 MAJOR BOULEVARD #174
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	DIAB, RIHAB MRS.
STREET ADDRESS	5728 MAJOR BOULEVARD #174
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80012-012 150.00**DO NOT WRITE
IN THIS SPACE**

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

4/28/05 4076297777
Date Daytime Phone #