2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000051259 rille 1. Entity Name 84 WEST BUILDING CORPORATION 2007 JUL 25 AM 9: 57 Principal Place of Business Mailing Address SECRETARY OF STATE 308 PATTON STREET **308 PATTON STREET** TALLAHASSEE FLORIDA ST GEORGE ISLAND, FL 32328 ST GEORGE ISLAND, FL 32328 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07252007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3722080 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARRELL, MARK Street Address (P.O. Box Number is Not Acceptable) 308 PATTON STREET ST GEORGE ISLAND, FL 32328 City 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Change TITLE ☐ Delete ☐ Addition CARRELL, MARK NAME NAME STREET ADDRESS STREET ADDRESS 308 PATTON STREET 500107464725 08/07/07--01053--008 **19 CITY-ST-ZIP CITY-ST-7IP ST GEORGE ISLAND, FL 32328 **150.00 ☐ Delete ☐ Change TITLE ■ Addition TITLE WALLACE, DAVID NAME STREET ADDRESS 316 W 8TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST GEORGE ISLAND, FL 32328 ☐ Delete TITLE ☐ Channe ■ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CELY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: OF SIGNING OFFICER OR DIRECTOR Daytime Phone I