

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000084288

1. Entity Name
WES ELDRIDGE, INC.



**FILED
Mar 15, 2006 8:00 am
Secretary of State**

03-15-2006 90092 022 ***150.00

Principal Place of Business
7030 ELMER DEES RD
LAKELAND, FL 33809

Mailing Address

7030 ELMER DEES RD
LAKELAND, FL 33809

2. Principal Place of Business

819 FOUNTAINVIEW S

Suite, Apt. #, etc.

3. Mailing Address

819 FOUNTAINVIEW S

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip 33809

Country USA

Zip 33809

Country USA

4. FEI Number

59-3738627

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELDRIDGE, DAVID W
7030 ELMER DEES RD
LAKELAND, FL 33809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

819 FOUNTAINVIEW S.

City LAKELAND

FL

Zip Code 33809

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 ELDREDGE, DAVID W
STREET ADDRESS 7030 ELMER DEES RD
CITY-ST-ZIP LAKELAND, FL 33809

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

*ELDRIDGE, DAVID W.
819 FOUNTAINVIEW S
LAKELAND, FL 33809*

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 empowerments.

SIGNATURE: *David W. Eldridge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06

Date

Daytime Phone #