

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-15-2006 90092 022 ***150.00

DOCUMENT # P01000084288					
1. Entity Name WES ELDRIDGE, INC.					
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 FOUNTAIN VIEW S		3. Mailing Address 819 FOUNTAIN VIEW S			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKELAND FL		City & State LAKELAND FL		4. FEI Number 59-3738627	
Zip 33809		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 FOUNTAIN VIEW 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDRIDGE, DAVID W 7030 ELMER DEES RD LAKELAND, FL 33809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELDRIDGE, DAVID W. 819 FOUNTAIN VIEW S LAKELAND, FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-13-06 <small>Date</small>		
_____ <small>Daytime Phone #</small>			_____		