2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000010033

1. Entity Name
WEST STAR AUTO SALES, INC.

Principal Place of Business	Mailing Address
812 W MEMORIAL BLVD LAKELAND, FL 33815	812 W MEMORIAL BLVD LAKELAND, FL 33815

DO NOT WRITE IN THIS SPACE

03282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3721825	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

ESTIVENE, ILIOBERT
812 W MEMORIAL BLVD
LAKELAND, FL 33815

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 reinstating)   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

U00000280207
03/30/05-80010-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DORCEUS, ADELINE
STREET ADDRESS	1019 MILNER DR
CITY-ST-ZIP	LAKELAND, FL 33809

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Iliobert Estivene_   3/28/05   863-682-3786

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