

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054352

FILED
May 09, 2004
Secretary of State

Entity Name: WEST SKYDIVING SERVICES INC.

Current Principal Place of Business:

400 W AIRPORT DRIVE
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

400 W AIRPORT DRIVE
SEBASTIAN, FL 32958

New Mailing Address:

868 TULIP DRIVE
SEBASTIAN, FL 32958

FEI Number: 30-0092177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN DER WESTHUIZEN, CRAIG P MR
400 W AIRPORT DRIVE
SEBASTIAN, FL 32958

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MR. CRAIG P. VAN DER, WESTHUIZEN
Address: 400 W AIRPORT DRIVE
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VAN DER WESTHZEN, CRAIG P MR.
Address: 400 W AIRPORT DRIVE
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG P. VAN DER WESTHUIZEN

D

05/09/2004

Electronic Signature of Signing Officer or Director

_____ Date