

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 26, 2007 08:00 AM

Secretary of State

DOCUMENT # P02000060385

1. Entity Name
FLORIKAN-WEST, INC.



Principal Place of Business

**1523 EDGER PL
SARASOTA, FL 34240**

Mailing Address

**1523 EDGER PL
SARASOTA, FL 34240**



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3679030

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROSENTHAL, EDWARD
1523 EDGER PL
SARASOTA, FL 34240**

**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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 ROSENTHAL, EDWARD
STREET ADDRESS 1523 EDGER PL
CITY - ST - ZIP SARASOTA, FL 34240

TITLE D
NAME ROSENTHAL, BETTY
STREET ADDRESS 1523 EDGER PL
CITY - ST - ZIP SARASOTA, FL 34240

TITLE D
NAME ROSENTHAL, ERIC
STREET ADDRESS 1523 EDGER PL
CITY - ST - ZIP SARASOTA, FL 34240

TITLE D
NAME ROSENTHAL, JONATHAN
STREET ADDRESS 1523 EDGER PL
CITY - ST - ZIP SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

1100000733009

05/09/07-P0070-014 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/07