


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000133246</b>	
<b>1. Entity Name</b> THE WEST AND WEST GROUP INC.	

<b>Principal Place of Business</b> 8942 ELIZABETH FALLS DRIVE JACKSONVILLE FL 32257	<b>Mailing Address</b> 8942 ELIZABETH FALLS DRIVE JACKSONVILLE FL 32257
---	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 56-2315415	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  WEST, MARVIN 8942 ELIZABETH FALLS DRIVE JACKSONVILLE FL 32257
---

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**B.** 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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> DCEO	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WEST, SYLEAN S		<b>NAME</b>	
<b>STREET ADDRESS</b> 8942 ELIZABETH FALLS DRIVE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32257		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> PS	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WEST, SYLEAN S		<b>NAME</b>	
<b>STREET ADDRESS</b> 8942 ELIZABETH FALLS DRIVE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32257		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DCOO	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WEST, MARVIN SR		<b>NAME</b>	
<b>STREET ADDRESS</b> 8942 ELIZABETH FALLS DRIVE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32257		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VT	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WEST, MARVIN SR		<b>NAME</b>	
<b>STREET ADDRESS</b> 8942 ELIZABETH FALLS DRIVE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32257		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Sylean S. West **2/09/04** **904-730-3160**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #