2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000133246

THE WEST AND WEST GROUP INC.



FILED Jul 11, 2006 08:00 AM **Secretary of State**

Principal Place of Business

8942 ELIZABETH FALLS DRIVE JACKSONVILLE, FL 32257

Mailing Address

8942 ELIZABETH FALLS DRIVE JACKSONVILLE, FL 32257



07102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2315415

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional

6. Name and Address of Current Registered Ager

WEST, MARVIN 8942 ELIZABETH FALLS DRIVE JACKSONVILLE, FL 32257



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

(NOTE, Registered Agent signature required when reinstating)

U00000569

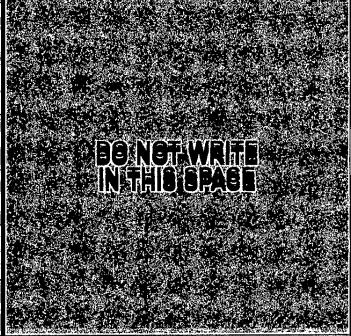
FILE NOWIJI FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WEST, SYLEAN S 8942 ELIZABETH FALLS DRIVE JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WEST, SYLEAN S 8942 ELIZABETH FALLS DRIVE JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO WEST, MARVIN SR 8942 ELIZABETH FALLS DRIVE JACKSONVILLE, FL 32257	2 De
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WEST, MARVIN SR 8942 ELIZABETH FALLS DRIVE JACKSONVILLE, FL 32257	IN 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		



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:

STREET ADDRESS CITY-ST-ZIP

Con