


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000012310 1. Entity Name FLORIDA WEST UNDERGROUND, INC.	
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Principal Place of Business 10880 METRO PKWY SUITE J FORT MYERS, FL 33906	Mailing Address PO BOX 60125 FORT MYERS, FL 33906
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3692025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOODS, JOHN M 12151 BLASINGIM ROAD FORT MYERS, FL 33912

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, JOHN M 12151 BLASINGIM ROAD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, JOHN M 12151 BLASINGIM ROAD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEILING, FRANCIS S II 10880 METRO PKWY STE J FORT MYERS, FL 33906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TILLMAN, TIMOTHY 18221 LEETANA ROAD N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/12/07-80014-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 fee empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/3/07** Daytime Phone # **239-633-9397**