

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90013 039 \*\*\*150.00

DOCUMENT # P03000063528

1. Entity Name  
WEST-WILLIS TITLE, INC.



Principal Place of Business

600 S. ORLANDO AVE.

~~SUITE 202~~

MAITLAND, FL 32751 US

Mailing Address

600 S. ORLANDO AVE.

~~SUITE 202~~

MAITLAND, FL 32751 US

34063562



2. Principal Place of Business

600 S. Orlando Ave

Suite, Apt. #, etc.

Suite 301

City & State  
Maitland FL

Zip  
32751

Country  
US

3. Mailing Address

600 S. Orlando Ave

Suite, Apt. #, etc.

Suite 301

City & State  
Maitland FL

Zip  
32751

Country  
US

07162004

Chg-P

CR2E034 (10/03)

4. FEI Number

42-1595343

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, PAUL S  
600 S. ORLANDO AVE, SUITE 301  
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**Due by September 8, 2004**

-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  
P.D  
WEST, PAUL S  
2982 HARBOUR LANDING WAY  
CASSELBERRY, FL 32707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP, D.S.M.  
WEST, ANNE M  
2982 HARBOUR LANDING WAY  
CASSELBERRY, FL 32707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

PAUL S. WEST  
President

7/16/04

(407)  
331-7511

Date

Daytime Phone #