## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 07, 2005 8:00 am Secretary of State DOCUMENT # P04000015560 03-07-2005 90273 008 \*\*\*150.00 1. Entity Name J. WESTFALL ENTERPRISES, INC. Principal Place of Business. Mailing Address 114 A EAST EVANS STREET 114 A EAST EVANS STREET ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business ... 3. Mailing Address るの Ruh Blub Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) City & State City & State 4. FEI Number **\$5**-08**6**6315 Applied For 1057 d (1100) Not Applicable zio วิวิวิริย Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WESTFALL, JEFFREY A 114 A EAST EVANS STREET O Box Number is Not Acceptable) ORLANDO, FL 32804 ᡂ᠘᠙᠘ 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 pariety agent. the obligations of registered agent. 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change ☐ Addition TITLE WESTFALL, JEFFREY A NAME NAME 114 A EAST EVANS STREET STREET ADDRESS STREET ADDRESS ORLANDO, FL 32804 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of this tree 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 a address, with all other like empowered. SIGNATURE

FILED