2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000050819

1. Entity Name
WESTMINSTER HOUSE, INC.

Principal Place of Business

741 NE 3RD ST
SUITE # 1
OCALA, FL 34470

Mailing Address

741 NE 3RD ST
OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0876163	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, LAN
741 NE 3RD ST
OCALA, FL 34470

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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

0000005B3B64
01/12/07-80013-015 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	VD
NAME	PLUNKETT, OLIVER
STREET ADDRESS	741 NE 3RD ST
CITY-ST-ZIP	OCALA, FL 34470
TITLE	PD
NAME	ANDREWS, LAN
STREET ADDRESS	741 NE 3RD STREET
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: _Lan Andrews_ /LAN ANDREWS 1-5-07 352-812-5688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #