

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143543

FILED  
Jan 22, 2006  
Secretary of State

Entity Name: WEST PROPERTY MANAGEMENT INC

## Current Principal Place of Business:

2921 SADDLEBRED TRAIL  
CHULUOTA, FL 32766

## New Principal Place of Business:

26520 OAK SHADOW LN.  
MOUNT DORA, FL 32757

## Current Mailing Address:

P O BOX 8  
TANGERINE, FL 32777

## New Mailing Address:

FEI Number: 20-1758159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEST, CONNIE  
2921 SADDLEBRED TRAIL  
CHULUOTA, FL 32766 US

## Name and Address of New Registered Agent:

WEST, CONNIE  
26520 OAK SHADOW LN.  
MOUNT DORA, FL 32757 US

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.

SIGNATURE: \_\_\_\_\_

01/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEST, CONNIE  
Address: 2921 SADDLEBRED TRAIL  
City-St-Zip: CHULUOTA, FL 32766

Title: D/O ( ) Delete  
Name: SPEARS, JUSTIN  
Address: 2921 SADDLEBRED TRAIL  
City-St-Zip: CHULOTA, FL 32766

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WEST, CONNIE  
Address: 26520 OAK SHADOW LN.  
City-St-Zip: MOUNT DORA, FL 32757

Title: D/O (X) Change ( ) Addition  
Name: SPEARS, JUSTIN  
Address: 112 ESSEX AVE. #41-C  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANCE WEST

P

01/22/2006

Electronic Signature of Signing Officer or Director

Date