


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90020 011 ***150.00

| | | | |
|--|--|---|--|
| DOCUMENT # P04000143543 1. Entity Name WEST PROPERTY MANAGEMENT INC | |  | |
| Principal Place of Business 26520 OAK SHADOW LN. MOUNT DORA, FL 32757 | | Mailing Address P O BOX 8 TANGERINE, FL 32777 P O Box 324 Oxford FL 34484-0324 | |
| 2. Principal Place of Business - No P.O. Box # 637 Winifred Way | | 3. Mailing Address 637 Winifred Way | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State The Villages FL | | City & State The Villages FL | |
| Zip 32602-1619 | | Zip 32602-1619 | |
| Country | | Country | |
| 4. FEI Number 20-1758159 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WEST, CONNIE 26520 OAK SHADOW LN. MOUNT DORA, FL 32757 | | 7. Name and Address of New Registered Agent Name West, Connie Street Address (P.O. Box Number is Not Acceptable) 637 Winifred Way City The Villages FL Zip Code 32602-1619 | |
| 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 <u><i>Connie West</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P | NAME WEST, CONNIE | TITLE P | NAME WEST, CONNIE |
| STREET ADDRESS 26520 OAK SHADOW LN. | CITY - ST - ZIP MOUNT DORA, FL 32757 | STREET ADDRESS 637 Winifred Way | CITY - ST - ZIP The Villages FL 32602-1619 |
| TITLE D/O | NAME SPEARS, JUSTIN | TITLE D/O | NAME SPEARS, JUSTIN |
| STREET ADDRESS 7427 FORDHAM COURT | CITY - ST - ZIP ORLANDO, FL 32807 | STREET ADDRESS 3194 Harms Way | CITY - ST - ZIP Snellville, Ga 30039 |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP | STREET ADDRESS | CITY - ST - ZIP |
| 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: <u><i>Connie West - Pres.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 3-15-08 352-357-1144 <small>Date Daytime Phone #</small> | |

Connie West