


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

05-02-2006 90229 033 ***150.00

66022174

| | | | |
|--|--|--|---|
| DOCUMENT # P05000070225 | |  | |
| 1. Entity Name WESTLAKE CONST. CO., INC. | | | |
| Principal Place of Business 814 BREEN ROAD SOUTH LAKE WALES, FL 33859 | | Mailing Address 814 BREEN ROAD SOUTH LAKE WALES, FL 33859 | |
| 2. Principal Place of Business 343 W. CENTRAL AVE P.O. Box 749 Suite, Apt. #, etc. Ste 102 City & State LAKE WALES, FL Zip 33853 Country | | 3. Mailing Address P.O. Box 749 Suite, Apt. #, etc. City & State LAKE WALES, FL Zip 33859 Country USA | |
| 4. FEI Number 20-2847157 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 04262006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent GRAVEL, CHRISTOPHER 814 BREEN ROAD SOUTH LAKE WALES, FL 33859 | | 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP | D GRAVEL, CHRISTOPHER 814 BREEN ROAD SOUTH LAKE WALES, FL 33859 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GRAVEL, JOHN P.O. BOX 101 LAKE WALES, FL 33859 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4-29-06 863-528-1571 <small>Date Daytime Phone #</small> | |

ATTACHMENT

WESTLAKE CONST. CO., INC.

343 W. CENTRAL AVE
STE 102
LAKE WALES, FL 33853-4059
P.O. BOX 749
LAKE WALES, FL 33859-0749
PHONE 863-676-8058
CELL 863-528-1571
FAX# 863-676-9279
westlake.realtor@verizon.net

66022174

#P05 080870225

JULY 19, 2006

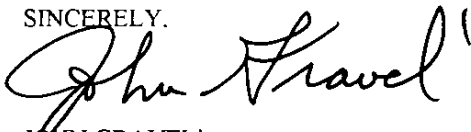
FLA DEPT OF STATE
DIVISION OF CORPORATIONS
CORP. RECORDS
P. O. BOX 6327
TALLAHASSEE, FL 32314

ATTACHED IS A COPY OF A LETTER & OUR ANNUAL CORP. REPORT THAT I JUST RECEIVED TODAY. THE LETTER STATED THAT WE FORGOT TO INCLUDE OUR FEI NUMBER ON THE CORP. REPORT AND THAT WE NEEDED TO ADD IT TO THE REPORT AND SEND IT BACK WITHIN 30 DAYS OF THE DATE OF THE LETTER. SHORTLY AFTER WE FILED THE ORIGINAL REPORT WE CHANGED OUR MAILING ADDRESS AND PHYSICAL ADDRESS AND YOUR LETTER ONLY GOT FORWARDED TO ME TODAY.

I HAVE FILLED IN THE FEI NUMBER ON THE COPY OF THE CORP. REPORT ALONG WITH OUR NEW PHYSICAL ADDRESS AND MAILING ADDRESS.

I AM SORRY FOR THE DELAY AND HOPEFULLY OUR REPORT CAN BE FILED WITHOUT A LATE FEE.

SINCERELY,



JOHN GRAVEL
VICE PRESIDENT