


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90024 027 \*\*\*150.00

<b>DOCUMENT # P05000132527</b>	
1. Entity Name <b>WEST GLADES CENTER, INC.</b>	

Principal Place of Business <b>3415 CR 731 SW LA BELLE, FL 33935</b>	Mailing Address <b>388 ALLEN PHILLIPS RD CLIMAX, GA 39834</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>319 HOIT RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CLIMAX</b>	City & State <b>CLIMAX</b>
Zip <b>39834</b>	Country <b>GA</b>



01292008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>SODREL, ROBERT E 3415 CR 731 SW LA BELLE, FL 33935</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>319 HOIT RD</b>
City	<b>CLIMAX GA</b>
Zip Code	<b>39834</b>

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: <b>Robert Sodrel</b>	(NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable	Date <b>2-8-08</b>

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"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SODREL, ROBERT E 388 ALLEN PHILLIPS RD CLIMAX, GA 39834</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SODREL, LINDA 3415 CR 731 SW CLIMAX, GA 39834</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SODREL, DANIEL W 388 ALLEN PHILLIPS RD CLIMAX, GA 39834</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>319 HOIT RD CLIMAX GA 39834</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>319 HOIT RD CLIMAX GA 39834</b>
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TITLE NAME 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: <b>Linda Sodrel</b>	<b>LINDA SODREL</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>229-246-1566</b>