04/26/2008 16:16 2394037705 RANDY ROSE

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90153 002 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000134246

1. Entity Name
PHIL WEST, INC.

Principal Place of Business	Mailing Address
3680 4TH AVE SE NAPLES, FL 34117	3680 4TH AVE SE NAPLES, FL 34117

04262008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
437 West Str.	437 West Str.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FLA.	City & State: Naples, FLA.
Zip: 34108 Country: Collier	Zip: 34108 Country: Collier

4. FEI Number: 20-3699263 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WEST, PHILIP
368 4TH AVE SE
NAPLES, FL 34117

7. Name and Address of New Registered Agent

Name: West, Philip
Street Address (P.O. Box Number is Not Acceptable): 437 West Str.
City: Naples FL Zip Code: 34108

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 ____________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	☐ Delete		☑ Change ☐ Addition
NAME	WEST, PHILIP		West, Philip	
STREET ADDRESS	3680 4TH AVE SE		437 West Str.	
CITY-ST-ZIP	NAPLES, FL		Naples, FL. 34108	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Philip W. West 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
239-425-5028