


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90174 008 \*\*\*150.00

<b>DOCUMENT # P06000082933</b>	
1. Entity Name <b>WEST MESA HOLDINGS CO.</b>	

Principal Place of Business <b>P.O. BOX 18471 JACKSONVILLE, FL 32229</b>	Mailing Address <b>P.O. BOX 18471 JACKSONVILLE, FL 32229</b>
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**40049819**



2. Principal Place of Business - No P.O. Box # <b>12533 DRAGONFLY LN N</b>	3. Mailing Address <b>12533 DRAGONFLY LN N</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

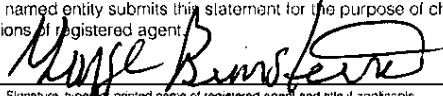
03052007 Chg-P CR2E034 (12/06)

City & State <b>JACKSONVILLE FL</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32225</b>	Zip <b>32225</b>
Country <b>DUVAL</b>	Country <b>DUVAL</b>

4. FEI Number <b>20-4981881</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>BERNSTEIN, GEORGE 5533 BARKER ST. JACKSONVILLE, FL 32207</b>	
7. Name and Address of New Registered Agent Name <b>George Bernstein</b> Street Address (P.O. Box Number is Not Acceptable) <b>12533 Dragonfly Lane N.</b> City <b>Jacksonville</b> FL Zip Code <b>32225</b>	

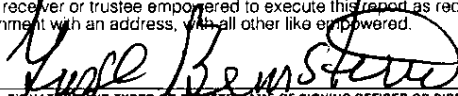
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TABLER, DIANE 5553 BARKER ST. JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President George Bernstein 12533 Dragonfly Lane N Jacksonville, FL. 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLAND, SCOTT 1801 BRYN MAWR, NE ALBUQUERQUE, NM 87106 <input checked="" 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:  Date **904-703-8425**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #