

2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/5/2

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-05-2007 90107 002 ***150.00

DOCUMENT # P06000085229					
1. Entity Name WEST NORWOOD, INC.					
Principal Place of Business 2000 WARRINGTON WAY, STE. 163 LOUISVILLE, KY 40222			Mailing Address 2000 WARRINGTON WAY, STE. 163 LOUISVILLE, KY 40222		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 61-1282805	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FALK, JACK A. JR. 550 BILTMORE WAY, STE. 810 DUNWODY, WHITE & LANDON, P.A. CORAL GABLES, FL 33134			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 _____ (NOTE: Registered Agent signature required when re-registering)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GHEE, JOHN 1898 SE PORT ST. LUCIE BLVD. PT. ST. LUCIE, FL 34952	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MJRR, ANTHONY W. 2000 WARRINGTON WAY, STE. 163 LOUISVILLE, KY 40222	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MJRR, ANTHONY W. 2000 WARRINGTON WAY, STE. 163 LOUISVILLE, KY 40222	☐ Delete			
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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: <i>Anthony W. Murr</i>		ANTHONY W. MURR		1/31/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		502-561-0070	
Daytime Phone #					