

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90194 036 \*\*\*158.75

**60036239**



04042008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P07000042066</b> 1. Entity Name <b>WEST GROVE INC.</b>					
Principal Place of Business <b>5218 PAYLOR LANE SARASOTA, FL 34240</b>			Mailing Address <b>5218 PAYLOR LANE SARASOTA, FL 34240</b>		
2. Principal Place of Business - No P.O. Box # <b>2629 WAVERLY BARN RD</b> Suite, Apt. #, etc. <b>SUITE 126</b>		3. Mailing Address <b>2629 WAVERLY BARN RD</b> Suite, Apt. #, etc. <b>SUITE 126</b>			
City & State <b>DAVENPORT FL</b>		City & State <b>DAVENPORT FL</b>		4. FEI Number <b>77-0702089</b>	
Zip <b>33897</b>		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AMERICAN PIONEERS ADVISORY INC. 5218 PAYLOR LANE SARASOTA, FL 34240</b>				7. Name and Address of New Registered Agent Name <b>PHILIP SANDERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>SUNSET VIEW CIRCLE APT 102</b> City <b>KISSIMMEE FL</b> Zip Code <b>34747</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 <u><i>P. Sanders</i></u> <b>P. SANDERS</b> <span style="float: right;">04/20/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SANDERS, PHILIP STREET ADDRESS 5218 PAYLOR LANE CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE P NAME SANDERS, PHILIP STREET ADDRESS BOX 1100, SUNSET VIEW CIRCLE APT 102 CITY-ST-ZIP KISSIMMEE, FL 34747	<input checked="" 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	
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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: <u><i>P. Sanders</i></u> <b>P. SANDERS</b> <span style="float: right;">04/20/08 407 2339043</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					