

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # 007000 118971

1. Entity Name

D. WEST CONSTRUCTION, INC



11 JUN 23 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

3058 SUWANNEE CT

3. Mailing Address

SAME

CR2E034B (1/11)

City & State

APOPKA, FL

City & State

4. FEI Number

26-1364453

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DANNY WEST

Street Address (P.O. Box Number is Not Acceptable)

3058 SUWANNEE CT.

City

APOPKA

FL

Zip Code

32703

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

6/16/11

January 1 - May 1, Fee is \$160.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution.

Added to Fees

E-mail Address:

DSEABURN@EARTHLINK.NET

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRES/DIR
DANNY WEST
3058 SUWANNEE CT
APOPKA, FL 32703

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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STREET ADDRESS

CITY - ST - ZIP

600207325456

05/06/11--01041--023 **150.00

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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

DANNY WEST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/17/11

407-470-4790