

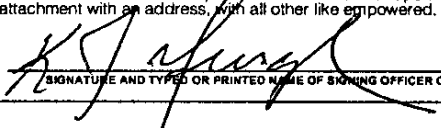


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90037 001 \*\*\*158.75

<b>DOCUMENT # P92000002862</b>					
<b>1. Entity Name</b> WEST HERNANDO ATHLETIC CLUB SENIORS INC.					
<b>Principal Place of Business</b> 3072 APPLE BLOSSOM TR SPRING HILL, FL 34606 US			<b>Mailing Address</b> 3072 APPLE BLOSSOM TR C/O E. SCHIPPMANN SPRING HILL, FL 34606 US		
<b>2. Principal Place of Business</b> VETAN'S MEMORIAL PARK Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO BOX 15203 Suite, Apt. #, etc.			
<b>City &amp; State</b> Spring Hill, FL Zip: 34609 Country: US		<b>City &amp; State</b> BROOKSVILLE, FL Zip: 34604-0114 Country: US			
<b>4. FEI Number</b> 59-3086353				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCHIPPMAN, EDWARD D 3072 APPLE BLOSSOM TR SPRING HILL, FL 34606			<b>7. Name and Address of New Registered Agent</b> Name: K.J. GEORGE Street Address (P.O. Box Number is Not Acceptable): 6135 FAIRWAY DRIVE City: RIDGE MANOR FL Zip Code: 33523		
<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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: VP NAME: BARRONCINI, JOHN STREET ADDRESS: 10381 VENTURA DR CITY-ST-ZIP: SPRING HILL, FL 34608	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: SCHIPPMANN, EDWARD D STREET ADDRESS: 3072 APPLE BLOSSOM TR CITY-ST-ZIP: SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete		TITLE: T NAME: K.J. GEORGE STREET ADDRESS: 6135 FAIRWAY DRIVE CITY-ST-ZIP: RIDGE MANOR, FL. 33523	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: S NAME: ROGERS, LLOYD STREET ADDRESS: 5165 PANTHER DR CITY-ST-ZIP: SPRING HILL, FL	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: AVILES, EDDIE STREET ADDRESS: PO BOX 15123 CITY-ST-ZIP: BROOKSVILLE, FL 34604	<input checked="" type="checkbox"/> Delete		TITLE: P NAME: BILL PASTORE STREET ADDRESS: 6314 SEABRING ST. CITY-ST-ZIP: WEEKI WACHEE, FL. 34609	<input type="checkbox"/> Change <input checked="" 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	
<b>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.</b>					
<b>SIGNATURE:</b> 			1/26/06 302-442-1469		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		