

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90103 031 ***158.75

DOCUMENT # P92000002862					
1. Entity Name WEST HERNANDO ATHLETIC CLUB SENIORS INC.					
Principal Place of Business VETTRAN'S MEMORIAL PARK SPRING HILL, FL 34609 US			Mailing Address P.O. BOX 15203 BROOKSVILLE, FL 34604-0114 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3086353	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE, K/J 6135 FAIRWAY DRIVE DADE CITY, FL 33523			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: <u>[Signature]</u> <u>4-8-08</u> <u>4-8-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME FAGAN, DENNIS STREET ADDRESS 11058 AUDIE BROOK DR CITY-ST-ZIP SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete		TITLE VP NAME LALANE, RENE STREET ADDRESS 374 SILAS CT. CITY-ST-ZIP SPRING HILL, FL. 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME GEORGE, K/J STREET ADDRESS 6135 FAIRWAY DRIVE CITY-ST-ZIP DADE CITY, FL 33523	<input type="checkbox"/> Delete		TITLE T NAME ONEIL, DENNIS STREET ADDRESS 14838 BROOKRIDGE BLVD CITY-ST-ZIP BROOKSVILLE, FL. 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME ROGERS, LLOYD STREET ADDRESS 5165 PANTHER DR CITY-ST-ZIP SPRING HILL, FL	<input type="checkbox"/> Delete		TITLE P NAME G20242, L.S.G. STREET ADDRESS 6135 FAIRWAY DR CITY-ST-ZIP DADE CITY, FL 33523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BURCH, ROBERT STREET ADDRESS 8058 FIAT AVE. CITY-ST-ZIP BROOKSVILLE, FL 34613	<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	
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>[Signature]</u> <u>4/10/08</u> <u>(352) 596-7413</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					