

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90029 038 ***150.00

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1. Entity Name

WEST CUSTOM HOMES, INC.



Principal Place of Business

2810 REMINGTON GRN
2ND FLOOR
TALLAHASSEE FL 32308
US

Mailing Address

PO BOX 15064
TALLAHASSEE FL 32317
US



2. Principal Place of Business

2418-4 MILLERS BRIDGE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAL, FL

City & State

Zip

32308

Country

USA

Zip

Country

4. FEI Number

59-3171092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

WEST, WILLIAM J
3815 E MILLERS BRIDGE
TALLAHASSEE FL 32312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WEST, WILLIAM J
STREET ADDRESS 3815 E. MILLERS BRIDGE RD.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06

Date

(850) 422-3585

Daytime Phone #