

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90001 022 \*\*\*150.00

**DOCUMENT # P93000060285**

1. Entity Name  
44 WEST, INC.



Principal Place of Business  
1120 W MAIN ST  
INVERNESS, FL 34450 US

Mailing Address  
PO BOX 700  
INVERNESS, FL 34451 US



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3210529

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DAVIS, ERVIN E  
1601 S RIDGEWOOD PT  
INVERNESS, FL 34452

**DO NOT WRITE  
IN THIS SPACE**

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 Ervin E. Davis ERVIN E. DAVIS 2-23-04  
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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE STD  
NAME DAVIS, ERVIN E  
STREET ADDRESS 4400 W MAIN ST 1601 S. RIDGEWOOD PT.  
CITY-ST-ZIP INVERNESS, FL

TITLE PD  
NAME WELCH, RICHARD K  
STREET ADDRESS 1120 W MAIN ST  
CITY-ST-ZIP INVERNESS, FL

TITLE VPD  
NAME MCKETTRICK, LORI  
STREET ADDRESS 1120 W MAIN ST  
CITY-ST-ZIP INVERNESS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ervin E. Davis ERVIN E. DAVIS 2-23-04 352 634 4635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #