


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90004 046 \*\*\*150.00

<b>DOCUMENT # P93000074837</b> 1. Entity Name WESTLUND ENGINEERING, INC.	
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Principal Place of Business 12400 44TH STREET NORTH CLEARWATER, FL 33762-115 US	Mailing Address 12400 44TH STREET NORTH CLEARWATER, FL 33762-115 US
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**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3218089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WRIGHT, PAUL O 12400 44TH STREET N CLEARWATER, FL 33762
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**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 \_\_\_\_\_  
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**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WRIGHT, PAUL O. 3116 ROXMERE DRIVE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WESTLUND, RORY L. 12400 44TH ST. N. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Paul O. Wright **PAUL O. WRIGHT** 4/4/2006 727 572 4343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #