2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000074837

1. Entity Name
WESTLUND ENGINEERING, INC.

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Principal Place of Business	Mailing Address
12400 44TH STREET NORTH	12400 44TH STREET NORTH
CLEARWATER, FL 33762-115 US	CLEARWATER, FL 33762-115 US

DO NOT WRITE IN THIS SPACE

03272008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3218089	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** 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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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	WRIGHT, PAUL O.
STREET ADDRESS	3116 ROXMERE DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	VS
NAME	WESTLUND, RORY L.
STREET ADDRESS	12400 44TH ST. N.
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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   4/11/08   727 572 4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #