

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000028687

FILED  
May 26, 2008  
Secretary of State

Entity Name: BETTYE WEST & ASSOCIATES, INC.

## Current Principal Place of Business:

4404 SOUTH FLORIDA AVE  
SUITE #3  
LAKELAND, FL 33813 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3405  
HAINES CITY, FL 33845 US

## New Mailing Address:

FEI Number: 59-3233705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WEST, WILLIAM K  
2979 CHICKASAW DRIVE  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEST, WILLIAM K  
Address: 2979 CHICKASAW DR  
City-St-Zip: HAINES CITY, FL 338449715

Title: S ( ) Delete  
Name: LAMORE, SUSAN M  
Address: 317 RAIL AVE  
City-St-Zip: SEBRING, FL 33872

Title: VT ( ) Delete  
Name: WEST, MARY E  
Address: 8 NOTTINGHAM WAY  
City-St-Zip: HAINES CITY, FL 338449715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM K WEST

MR

05/26/2008

Electronic Signature of Signing Officer or Director

Date