


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90031 049 \*\*\*150.00

<b>DOCUMENT # P94000036863</b>	
1. Entity Name <b>WEST FLORIDA LANDSCAPING, INC.</b>	

Principal Place of Business <b>37343 SOUTH VIEW AVENUE DADE CITY FL 33525 US</b>	Mailing Address <b>37343 SOUTHVIEW AVENUE DADE CITY FL 33525 US</b>
---	--

**50009151**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>36827 Center Ave.</b>	3. Mailing Address <b>36827 Center Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Dade City FL</b>	City & State <b>Dade City FL</b>
Zip <b>33525</b>	Country <b>USA</b>

4. FEI Number <b>59-3249289</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WEST, RICK 37343 SOUTHVIEW AVENUE DADE CITY FL 33525</b>	
--	--

7. Name and Address of New Registered Agent	
Name <b>West, Rick</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>36827 Center Ave.</b>	
City <b>Dade City</b>	FL Zip Code <b>33525</b>

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 <b>Rick E. West</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>Rick E. West</b> president <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE <b>1/24/05</b>

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WEST, RICK E 37343 SOUTHVIEW AVENUE DADECITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P West, Rick E. 36827 Center Ave. Dade City, FL 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Rick E. West</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Rick E. West</b>	DATE <b>1/24/05</b>	DAYTIME PHONE # <b>352-567-7898</b>
---	---------------------	---------------------	-------------------------------------