

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90017 021 ***158.75

DOCUMENT # P94000077266

1. Entity Name

WESTLAND MANAGEMENT INC.



Principal Place of Business

**PO BOX 540029
ORLANDO FL 32854**

Mailing Address

**PO BOX 540029
ORLANDO FL 32854**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3277591

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEBLOIS, RALPH L
934 N MAGNOLIA AVE
SUITE 310
ORLANDO FL 32803**

Name

RON BENEDETTI

Street Address (P.O. Box Number is Not Acceptable)

**934 N. MAGNOLIA AVENUE
SUITE 310**

City

ORLANDO

FL

Zip Code
32803

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

Ron Benedetti

RON BENEDETTI, PRES/SEC'Y

3/8/06

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVT** ☒ Delete
NAME **DEBLOIS, RALPH L**
STREET ADDRESS **934 N MAGNOLIA AVE #310**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **PS** ☒ Change ☐ Addition
NAME **RON BENEDETTI**
STREET ADDRESS **934 N. MAGNOLIA AVE, #310**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Change ☒ Addition
NAME **MARGARET MORGERA**
STREET ADDRESS **934 N. MAGNOLIA AVE, #310**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ron Benedetti*

RON BENEDETTI, PS

3/8/06

407-839-2016