

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000077722

Entity Name: SYLVAN WEST, INC.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

3020 HARTLEY ROAD, SUITE 300
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

3020 HARTLEY ROAD, SUITE 300
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3281378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAX CO.
50 N LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROOD, J. NEIL
Address: 12192 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: VST () Delete
Name: ROOD, JAMIE A
Address: 2635 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

Title: V () Delete
Name: MORGAN, WILLIAM L
Address: 3020 HARTLEY ROAD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

Title: V () Delete
Name: MOORE, CLARENCE S
Address: 3020 HARTLEY ROAD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32257

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:

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: JOHN D. ROOD

OFCR

02/18/2009

Electronic Signature of Signing Officer or Director

Date