

**2008-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90017 046 ***150.00

DOCUMENT # P95000073943

1. Entity Name
WEST OF OLE ENGLAND, INC.



Principal Place of Business
**650 SOUTHEAST MONTEREY ROAD
STUART, FL 34994 US**

Mailing Address
**650 SOUTHEAST MONTEREY ROAD
STUART, FL 34994 US**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0618297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRAVES, LILLIAN N
9168 SW 21ST AVE.
STUART, FL 34997**

**DO NOT WRITE
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVES, LILLIAN 9168 SW 21ST DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAVES, KEVIN E 5480 S E PARAMOUNT DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAVES, RICHARD E 9168 SW 21ST DR. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAVES, JOHN 9168 SW 21ST DR. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLAR, KIM 264 CODRINGTON DR FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Richard E Graves Vice President 2/18/08 772-286-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #