

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000073943

Entity Name: WEST OF OLE ENGLAND, INC.

FILED  
Jan 29, 2009  
Secretary of State

**Current Principal Place of Business:**

650 SOUTHEAST MONTEREY ROAD  
STUART, FL 34994 US

**New Principal Place of Business:****Current Mailing Address:**

650 SOUTHEAST MONTEREY ROAD  
STUART, FL 34994 US

**New Mailing Address:**

FEI Number: 65-0618297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GRAVES, RICHARD E  
9168 SW 21ST AVE.  
STUART, FL 34997 US

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: RICHARD E. GRAVES

01/29/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).****OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRAVES, LILLIAN  
Address: 9168 SW 21ST DR  
City-St-Zip: STUART, FL 34997

Title: V ( ) Delete  
Name: GRAVES, KEVIN E  
Address: 5480 S E PARAMOUNT DR  
City-St-Zip: STUART, FL 34997

Title: V ( ) Delete  
Name: GRAVES, RICHARD E  
Address: 9168 SW 21ST DR.  
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete  
Name: GRAVES, JOHN  
Address: 9168 SW 21ST DR  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: KELLAR, KIM  
Address: 264 CODRINGTON DR  
City-St-Zip: FORT LAUDERDALE, FL 33308

**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:

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: RICHARD E. GRAVES

V

01/29/2009

Electronic Signature of Signing Officer or Director

Date