

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092023

Entity Name: CONCEPTS WEST, INC.

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

8374 MARKET ST. #157
LAKEWOOD RANCH, FL 342025137

New Principal Place of Business:

2802 89TH AVENUE EAST
PARRISH, FL 342198326

Current Mailing Address:

8374 MARKET ST. #157
LAKEWOOD RANCH, FL 342025137

New Mailing Address:

FEI Number: 65-0636450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKMAN, JOHN
802 11TH STREET WEST
BRADENTON, FL 34205 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: PST () Delete
Name: FIELDS, MICHAEL D.
Address: 8374 MARKET STREET #157
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: VP () Delete
Name: FIELDS, LISA K
Address: 8374 MARKET STREET #157
City-St-Zip: LAKEWOOD RANCH, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LISA K. FIELDS

VP

02/05/2007

Electronic Signature of Signing Officer or Director

_____ Date