

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092023

Entity Name: CONCEPTS WEST, INC.

FILED  
Apr 03, 2009  
Secretary of State

**Current Principal Place of Business:**

2802 89TH AVENUE EAST  
PARRISH, FL 342198326

**New Principal Place of Business:**

**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 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

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date