2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000030384

1. Entity Name
FLORIDA GULF WEST, INC.

Principal Place of Business	Mailing Address
1102 RADCLIFFE AVENUE LYNN HAVEN, FL 32444	1102 RADCLIFFE AVENUE LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

01102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3382727

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOTT, RONALD C
1102 RADCLIFFE AVENUE
LYNN HAVEN, FL 32444

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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 _____

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000099223
03/30/04 00004 014 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SOTT, RONALD C
STREET ADDRESS	1102 RADCLIFF AVE
CITY ST ZIP	LYNN HAVEN, FL 32444
TITLE	PD
NAME	MCKEE, VERONICA A
STREET ADDRESS	1237 CROOKED LANE
CITY ST ZIP	PANAMA CITY, FL 32409
TITLE	SD
NAME	MCKEE, JONATHAN D
STREET ADDRESS	1237 CROOKED LANE
CITY ST ZIP	PANAMA CITY, FL 32409
TITLE	TD
NAME	SOTT, GERRY DEE
STREET ADDRESS	1102 RADCLIFF AVENUE
CITY ST ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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 exemption stated in Section 119.07(3)(i), 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 a blank like empowered.

SIGNATURE: Gerry Dee Sott (Gerry Dee Sott) 3/29/04 (850)265-9084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #