

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000030384

1. Entity Name
FLORIDA GULF WEST, INC.



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

Mailing Address
**1102 RADCLIFFE AVENUE
LYNN HAVEN, FL 32444**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

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02/02/07-80057-008 150.00

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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:

Ronald C. Sott (RONALD C. SOTT)

Date

Daytime Phone #

Jan. 29, 2007 (850) 265-1059