

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
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



01212008 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 I 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
SOTT, RONALD C
1102 RADCLIFF AVE
LYNN HAVEN, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCKEE, VERONICA A
1237 CROOKED LANE
PANAMA CITY, FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MCKEE, JONATHAN D
1237 CROOKED LANE
PANAMA CITY, FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SOTT, GERRY DEE
1102 RADCLIFF AVENUE
LYNN HAVEN, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000791630
01/23/08-80083-015 150.00

**DO NOT WRITE
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: *Gerry Dee Sott* - Gerry Dee Sott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/08

850
265-1059

Date

Daytime Phone #