

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90052 048 ***150.00

DOCUMENT # P96000035473

1. Entity Name
EAST 2 WEST, INC.



Principal Place of Business
**15153 NORTH MAIN ST
JACKSONVILLE, FL 32218**

Mailing Address
**15325 N MAIN STREET
JACKSONVILLE, FL 32218**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
15153 N. Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tax. FL.

Zip

Country

Zip

32218

Country

Duval

01232008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3382149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOMASSETTI, A. JEFFREY
406 ASH STREET
FERNANDINA BEACH, FL 32034**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

KEVIN S. Maxwell

1-23-08

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
**VP
MAXWELL, ANGIE D
15153 NORTH MAIN ST
JACKSONVILLE, FL 32218**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MAXWELL, KEVIN S
15153 NORTH MAIN ST
JACKSONVILLE, FL 32218**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1-23-08

Date

904-759-9641

Daytime Phone