

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035570

Entity Name: WESTTOWN CORP.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

5309 TECHNOLOGY DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

5309 TECHNOLOGY DR
TAMPA, FL 33647

New Mailing Address:

FEI Number: 65-0669845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, ROBERT
16020 WYNDOVER RD.
TAMPA, FL 33647 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LAMB, PHYLLIS
Address: 15802 SERENITY CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: LAMB, ROBERT
Address: 16020 WYNDOVER RD
City-St-Zip: TAMPA, FL 33647

Title: VP () Delete
Name: GIANDONATO, MARYANN
Address: 18305 PARRISH GROVE RD
City-St-Zip: DADE CITY, FL 33523

Title: S () Delete
Name: MCGOWEN, MARGARET
Address: 79 CRESTWOOD DR
City-St-Zip: NORTHBORO, MA 01532

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT F. LAMB

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date