

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90322 017 \*\*\*150.00

DOCUMENT # P96000069914

1. Entity Name  
WEST-HALL, INC.



Principal Place of Business  
8359 BAECON BLVD.  
SUITE 305  
FORT MYERS, FL 33907

Mailing Address  
8359 BAECON BLVD.  
SUITE 305  
FORT MYERS, FL 33907

66017716



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0690948

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WEST, JANET E  
8359 BEACON BLVD.  
SUITE 305  
FORT MYERS, FL 33907

**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

*Janet West*

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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  
PS  
HALL, NANCY  
8359 BEACON BLVD. STE. 305  
FORT MYERS, FL 33907

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VT  
WEST, JANET E  
8359 BEACON BLVD. STE. 305  
FORT MYERS, FL 33907

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 all other like empowered.

SIGNATURE:

*Janet West*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/05 239-225-1423

DATE

Daytime Phone #