## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 09, 2005 08:00 AM **Secretary of State** DOCUMENT # P97000054892 1. Entity Name WEST ATLANTIC ASSOCIATES, INC. Principal Place of Business Mailing Address 9690 W. SAMPLE RD., STE 102 10180 NW 48TH DR. CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33076 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0759682 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LARKIN, BERNICE ...DO NOT WRITE 10180 NW 48TH DR. CORAL SPRINGS, FL 33076 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LARKIN, BERNICE U00000256470 03/09/05-80017-001 150.00 STREET ADDRESS 10180 NW 48TH DR. CITY-ST-ZIP CORAL SPRINGS, FL 33076 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/1/05

954-346-5207

FILED

Daytime Phone #