2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-13-2005 90024 047 ***150.00
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FILED
05 APR 21 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000074814

1. Entity Name
VILLAGE WEST, INC.

Principal Place of Business
6404-6418 W COLONIAL DR.
ORLANDO FL. 32818

Mailing Address
160 CRYSTAL OAK DR
DeLAND FL. 32720

DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 593470075 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HOWE RONALD
685 OLD TREE LANE TRAIL
DeLAND FL. 32724

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 D NAME STREET ADDRESS CITY-ST-ZIP	HOWE RONALD 685 TREELINE DR. DeLAND FL. 32720
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	THOMAS DAVID 201 S. Florida Ave DeLAND FL 32720
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	HOWE CHRISTOPHER 160 CRYSTAL OAK DR DeLAND FL. 32720
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4/4/21

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: _____ 1/15/05 3867778358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #