

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90019 003 ***150.00

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DOCUMENT # P97000079687 1. Entity Name WEST PARK HOLDING COMPANY					
Principal Place of Business 512 E. ALTAMONTE DR. ALTAMONTE SPRINGS, FL 32701			Mailing Address 931 N.S.R. 434 SUITE #1045 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2981 W.S.R. # 434			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 300			
City & State		City & State LONGWOOD, FL			
Zip	Country	Zip 32779	Country USA		
4. FEI Number 59-3478087			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DULIN, RAMSEY W 201 S PINE STREET SUITE 425 ORLANDO, FL 32801			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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRAUB, ROBERT A 931 N.S.R. 434 SUITE #1045 ALTAMONTE SPGS, FL 32714		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARTER, DONALD 805 LEE ROAD ORLANDO, FL 32810		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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, for all other like employment.					
SIGNATURE: _____			Date: 8/2/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 407-617-4271		