2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000087693

1. Entity Name
WEST 90 ENTERPRISE, INC.

Principal Place of Business	Mailing Address
619 SW BAYA DRIVE	619 SW BAYA DRIVE
LAKE CITY, FL 32025	LAKE CITY, FL 32025

2. Principal Place of Business
2806 W US 90

Suite, Apt. #, etc.
SUITE 101

City & State
LAKE CITY FL

Zip 32055   Country US

3. Mailing Address
2806 W US 90

Suite, Apt. #, etc.
SUITE 101

City & State
LAKE CITY FL

Zip -32055   Country US

03082006   Chg-P   CR2E034 (11/05)

4. FEI Number
59-3479973
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLE, RICHARD C
619 SW BAYA DRIVE
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name DANIEL CRAPPS

Street Address (P.O. Box Number is Not Acceptable)
2806 W US 90 SUITE 101

City LAKE CITY FL   FL   Zip Code 32055

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 _____ DANIEL CRAPPS as DIRECTOR   3/8/06
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 PRESIDENT	☐ Delete
NAME	COLE, RICHARD C	
STREET ADDRESS	619 SW BAYA DRIVE	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	D	☐ Delete
NAME	CRAPPS DANIEL	
STREET ADDRESS	2806 W US 90 SUITE 101	
CITY-ST-ZIP	LAKE CITY FL 32055	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE _____ DANIEL CRAPPS as DIRECTOR   3/8/06   386 - 755-5170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #