

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028007

FILED
Apr 26, 2004
Secretary of State

Entity Name: WEST LAKE ESTATES PROPERTIES, INC.

Current Principal Place of Business:

735 N. THORNTON AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

735 N. THORNTON AVENUE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3505089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, BERRY
235 S MAITLAND AVE
216
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PIERMONT, SUNIA
Address: 735 NORTH THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: PRIETO, MARIO
Address: 735 NORTH THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: VPSD () Delete
Name: WALKER, JR., BERRY J
Address: 235 S MAITLAND AVE SUITE 216
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MURRAY, MICHAEL
Address: 1399 W STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNIA PIERMONT

PTD

04/26/2004

Electronic Signature of Signing Officer or Director

Date