

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90042 004 \*\*\*150.00

<b>DOCUMENT # P98000036972</b> 1. Entity Name WEST GENERAL CONTRACTING, INC.					
Principal Place of Business 5275 TREE TOPS DRIVE NAPLES, FL 34113			Mailing Address P.O. BOX 1562 MARCO ISLAND, FL 34146		
2. Principal Place of Business - No P.O. Box # 601 Barfield Dr.		3. Mailing Address Suite, Apt. #, etc.			
City & State Marco Island, FL		City & State Marco Island, FL		4. FEI Number 59-3506927	
Zip 34145		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent GONZALEZ, W.E. 5275 TREE TOPS DR. NAPLES, FL 34113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 601 Barfield Dr. City Marco Island FL Zip Code 34146		
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: <u>Walter Gonzalez</u> DATE: <u>3/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GONZALEZ, W.E. 5275 TREE TOPS DR. NAPLES, FL 34113	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, WALTER 380 GARFIELD BLVD #207 NAPLES, FL 34113	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, WALTER 380 GARFIELD BLVD #207 NAPLES, FL 34113	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, WALTER 380 GARFIELD BLVD #207 NAPLES, FL 34113	<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, with all other like empowered.					
SIGNATURE: <u>Walter Gonzalez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>3/17/08</u> Daytime Phone #	