

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AB)

FILED
May 05, 2005 8:00 am
Secretary of State

04-12-2005 90128 021 ***150.00

DOCUMENT # P98000056902 1. Entity Name WEST INDIES LIMITED, INC.					
Principal Place of Business 15 BOOT KEY POINT MARATHON FL 33050			Mailing Address P.O. BOX 523254 MARATHON SHORES FL 33052-3254		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0849911	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JORDAN, ROBERT 14 BOOT KEY POINT COCO PLUM BEACH FL 33050			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORDAN, ROBERT		NAME		
STREET ADDRESS	14 BOOT KEY POINT		STREET ADDRESS		
CITY-ST-ZIP	COCO PLUM BEACH FL 33050		CITY-ST-ZIP		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORDAN, ROBERT		NAME		
STREET ADDRESS	15 BOOT KEY POINT		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE	EXVP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORDAN, PATRICIA		NAME		
STREET ADDRESS	15 BOOT KEY POINT		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			5/2/05 (05) 393-1277 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT JORDAN					