


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000072209</b> 1. Entity Name O.K. WEST, INC.	
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Principal Place of Business 2525 IDLEWILD STREET LAKELAND, FL 33801	Mailing Address 2525 IDLEWILD STREET LAKELAND, FL 33801
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**DO NOT WRITE IN THIS SPACE**



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3535832	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  JONES, ERNEST M 1960 EDGEWOOD DR E LAKELAND, FL 33803
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**DO NOT WRITE  
IN THIS SPACE**

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>[Signature]</u> DATE <u>3/14/05</u> <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, HILDA D 2525 IDLEWILD STREET LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEST, EYVONNE 2525 IDLEWILD STREET LAKELAND, FL 33801
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UN00000341718  
04/29/05-80028-006 158.75

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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: <u>Eyvonne West</u> <u>EYVONNE WEST</u> 4-25-04 863 665-0 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>