

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000051127

**Entity Name:** WESTRIDGE MANAGEMENT, INC.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

915 MONTANA AVENUE  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

915 MONTANA AVENUE  
DAVENPORT, FL 33897

**New Mailing Address:**

**FEI Number:** 42-1653276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WATSON, DESMOND  
915 MONTANA AVENUE  
DAVENPORT, FL 33897 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WATSON, DESMOND MR  
Address: 915 MONTANA AVENUE  
City-St-Zip: DAVENPORT, FL 33897 US

Title: D  
Name: WATSON, CHRISTINE MRS  
Address: 915 MONTANA AVENUE  
City-St-Zip: DAVENPORT, FL 33897 US

I hereby 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 all other like empowered.

SIGNATURE: C. WATSON

D

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date