

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000067174					
1. Entity Name WEST GULF DIGITAL, INC.					
Principal Place of Business 431 RABITT RD SANIBEL FL 33957			Mailing Address 431 RABITT RD SANIBEL FL 33957		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2487724 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIZZO, THOMAS F ESQ. 2340 PERIWINKLE WAY SUITE J-2 SANIBEL FL 33957				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ROTHMAN, THOMAS T		NAME		
STREET ADDRESS	431 RABBIT RD		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP		
TITLE	VPSD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ROTHMAN, CAROL A		NAME		
STREET ADDRESS	431 RABBIT RD		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **58-2487724** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

9. Election Campaign Financing **\$5.00 May 1**
 Trust Fund Contribution. ☐ Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Add
U000000457284
03/16/06-80063-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas T. Rothman **THOMAS T. ROTHMAN 3-1-06 239-395-3248**