

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000002343

**Entity Name:** SANI-TECH WEST, INC.

**Current Principal Place of Business:**

1020 FLYNN RD  
CAMARILLO, CA 93012

**Current Mailing Address:**

1020 FLYNN RD  
CAMARILLO, CA 93012 US

**FEI Number:** 95-4375699

**Certificate of Status Desired:** No

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

MEDLIN, SANDRA LEIGHT  
320 CENTRAL AVE, UNIT 509  
SARASOTA, FL 34236 US

*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

**Officer/Director Detail :**

Title CP  
Name SHOR, RICHARD  
Address 1020 FLYNN RD  
City-State-Zip: CAMARILLO CA 93012

Title VC,VP,S  
Name MAXSON, SHERRY  
Address 1020 FLYNN RD  
City-State-Zip: CAMARILLO CA 93012

Title D  
Name SHOR, THEODOSIA  
Address 1020 FLYNN RD  
City-State-Zip: CAMARILLO CA 93012

Title D  
Name MAXSON, ROBERT  
Address 1020 FLYNN RD  
City-State-Zip: CAMARILLO CA 93012

Title T  
Name GOLDMAN, BRIAN  
Address 1020 FLYNN RD  
City-State-Zip: CAMARILLO CA 93012

*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:** BRIAN GOLDMAN

**CFO/TREASURER**

**01/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date