2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004
Secretary of State

DOCUMENT# 758187

Entity Name: WEST STATE ARCHAEOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

13542 N. FLORIDA AVE
#212
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 17365
TAMPA, FL 336827374 US

New Mailing Address:

FEI Number: 59-2435378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHEMITSCH, RICHARD
309 E 137TH AVE
TAMPA, FL 33613 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:	PD	( ) Delete
Name:	LARIS, GILBERT A JR	
Address:	4206 E 97 AVE	
City-St-Zip:	TAMPA, FL 33617	
Title:	TD	( ) Delete
Name:	SCHEMITSCH, RICHARD	
Address:	309 E 137TH AVE	
City-St-Zip:	TAMPA, FL 33613	
Title:	S	( ) Delete
Name:	GRANGER, BRUNT D	
Address:	15031 ARBUNS RESERVE CR., APT162	
City-St-Zip:	TAMPA, FL 33618	
Title:	V	( ) Delete
Name:	GAGLIAND, JOE	
Address:	7919 NORTHBRIDGE BLVD.	
City-St-Zip:	TAMPA, FL 33615	
Title:	D	( ) Delete
Name:	SCOGGINS, SAM	
Address:	718 BELT CT	
City-St-Zip:	TAMPA, FL 33012	
Title:	M.	( ) Delete
Name:	MCBETH, MICHAEL D	
Address:	10410 NEWPORT CT	
City-St-Zip:	TAMPA, FL 33612	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SCHEMITSCH TREA 07/14/2004

Electronic Signature of Signing Officer or Director — Date