## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 758187** 

FILED Feb 09, 2005 Secretary of State

Entity Name: WEST STATE ARCHAEOLOGICAL SOCIETY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 13542 N. FLORIDA AVE #212 TAMPA, FL 33612 **New Mailing Address: Current Mailing Address:** PO BOX 17365 TAMPA, FL 336827374 US FEI Number: 59-2435378 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHEMITSCH, RICHARD 309 E 137TH AVE TAMPA, FL 33613 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition LARIS, GILBERT A JR Name: Name: 4206 E 97 AVE Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: Title: Title: ( ) Delete () Change () Addition SCHEMITSCH, RICHARD Name: Name: Address: 309 E 137TH AVE Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GRANGER, BRUNT D Name: GRANGER, BRENT D Name: 15031 ARBUNS RESERVE CR., APT162 15031 ARBUNS RESERVE CR., APT162 Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 Title: ( ) Delete Title: BRD. (X) Change ( ) Addition GAGLIAND, JOE Name: Name: GAGLIANO, JOE 7919 NORTHBRIDGE BLVD. 7919 NORTHBRIDGE BLVD. Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33615 Title: () Delete Title: BRD. (X) Change ( ) Addition SCOGGINS, SAM SCOGGINS, SAM Name: Name: 718 BELT CT 718 BELT CT Address: Address: TAMPA, FL 33012 City-St-Zip: TAMPA, FL 33012 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MCBETH, MICHAEL D MCBETH, MICHAEL D Name: Name: Address: 10410 NEWPORT CT Address: 10410 NEWPORT CT TAMPA, FL 33612 TAMPA, FL 33612 City-St-Zip: 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 02/09/2005