


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000034276
1. Entity Name
TEAM MANAGEMENT OF WEST COAST FLORIDA, INC.



Principal Place of Business Mailing Address
9340 YELLOW LAKE DR. 9340 YELLOW LAKE DR.
NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654

DO NOT WRITE IN THIS SPACE



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3573612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZOLTON, ROBERT
9321 BARAK AVE
SEFFNER, FL 33584

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when (re)statuting)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOLTON, ROBERT 9321 BARAK AVE SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOLTON, AMYBETH 9321 BARAK AVE SEFFNER, FL 33584
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #