

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90266 003 ****61.25



DOCUMENT # 764249
 1. Entity Name
WEST COAST ROOFING CONTRACTOR'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
 P.O. BOX 5002 P.O. BOX 5002
 TAMPA FL 33675-5002 TAMPA FL 33675-5002
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-2308716** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 BOX, H. GARDNER
 1661 TURKEY CREEK ROAD
 PLANT CITY FL 33567

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEESSEY, BOB 8517 SUNSTATE STREET TAMPA FL 33684 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOX, GARDNER 1601 TURKEY CREEK ROAD PLANT CITY FL 33567 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOPEZ, TIM 7371 ROWLETT PARK TAMPA FL 33604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, EVELYN 4410 N. 56TH ST TAMPA FL 33610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tim Lopez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7371 Rowlett Park TAMPA, FL. 33604 president
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DON FERGUSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6001 DONACKER DR. TAMPA, FL. 33610 Vice president
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACK HARRELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1011 Woodbury Rd. TAMPA, FL. 33619 SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Tim Lopez **Treasurer** Date 4/23/04 Daytime Phone # 813-752-6500