



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 203987</b>	
1. Entity Name <b>WEST GATE SHEET METAL, INC.</b>	

Principal Place of Business <b>834-13TH COURT, W. RIVIERA BCH., FL 33404</b>	Mailing Address <b>1199 OLD DIXIE HWY RIVIERA BCH., FL 33404-7327</b>
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**DO NOT WRITE IN THIS SPACE**

	
01072004	No Chg-P
CR2E034 (10/03)	
4. FEI Number <b>59-0806244</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SINGER, MICHAEL S. 3801 PGA BLVD SUITE 802 PALM BEACH GARDENS, FL 33410</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	110000018906 01/29/04-80005-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MATTSON, DAVID P. 8672 DOVERBROOK DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WOOD, MICHAEL B. 1199 CHERLYNN TERR. W. PALM BCH., FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STERLING, THOMAS J 8471 WHISPERINGG OAKS DR WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: 	1-26-04 561-845-2440
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>