

Jan 10,
Secr

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 262042		
1. Entity Name WEST COAST STEEL ERECTORS, INC.		
Principal Place of Business 18726 AVENUE BIARRITZ LUTZ, FL 33558 US		Mailing Address 18726 AVENUE BIARRITZ LUTZ, FL 33558 US
DO NOT WRITE IN THIS SPACE		
		01052005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-0976837		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STANSEL, EDWARD L. 18726 AVENUE BIARRITZ LUTZ, FL 33558		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 reappointing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANSEL, EDWARD L. 8726 AVE BIARRITZ LUTZ, FL 33558	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS NORRIS, BETTY JO 5603 GALLANT FOX CT ZEPHYRHILLS, FL 33544	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, RONALD 1211 LAKE CHARLES CIR LUTZ, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANSEL, DENNIS EDWARD 904 STRATFORD MANOR DR BRANDON, FL 33510	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Edward L. Stansel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		813- JAN. 5, 2005 949-1567 Date Daytime Phone #

EDWARD L. STANSEL