


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90266 031 \*\*\*150.00

DOCUMENT # 475671 1. Entity Name WEST PASCO MOVING AND STORAGE, INC.	
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Principal Place of Business 6721 INDUSTRIAL AVE PORT RICHEY, FL 34668-6823	Mailing Address GEORGE N KLIMIS, P.A. 27 E ORANGE ST TARPON SPRINGS, FL 34689 US
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03082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1646238	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KLIMIS, GEORGE N 27 E ORANGE ST TARPON SPRINGS, FL 34689
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <i>Sea.</i> GUAGLIARDO, DORA <i>Dora Guagliardo</i> 6721 INDUSTRIAL WAY <i>4425 Rudder Way</i> PORT RICHEY, FL 34668 <i>N.P.R. FL-34652</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Pres. GUAGLIARDO, NICHOLAS <i>Nicholas Guagliardo</i> 6721 INDUSTRIAL WAY <i>4425 Rudder Way</i> PORT RICHEY, FL 34668 <i>N.P.R. FL-34652</i>
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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: *Nicholas Guagliardo* *4-4-05* *943-9531*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #