


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

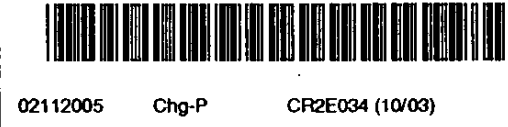
03-10-2005 90148 037 ***150.00

DOCUMENT # F56488	
1. Entity Name CCT WEST COAST, INC.	

Principal Place of Business 14433 COUNTY LINE RD. SPRING HILL, FL 34604-6627 US	Mailing Address 14433 COUNTY LINE RD. SPRING HILL, FL 34604-6627 US
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2. Principal Place of Business 11095 Hearth Rd	3. Mailing Address 11095 Hearth Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Spring Hill FL	City & State Spring Hill FL	4. FEI Number 59-2140381	Applied For Not Applicable
Zip 34608	Country USA	Zip 34608	Country USA



6. Name and Address of Current Registered Agent CULBERTSON, EDWARD T. 4141 CENTRAL AVE. SR. PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name Sherrilyn Fyock Street Address (P.O. Box Number is Not Acceptable) 14437 County Line Rd City Spring Hill FL Zip Code 34604	
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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 Sherrilyn Fyock DATE 3-6-05

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FYOCK, FRANK N, JR 14437 COUNTY LINE RD SPRING HILL, FL 34604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FYOCK, SHERRILYN C 14437 COUNTY LINE RD SPRING HILL, FL 34604 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sherrilyn C Fyock DATE 3-6-05 DAYTIME PHONE # 352-686-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR