2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F62831

1. Entity Name

WEST COAST SOLAR CONCEPTS, INC.



FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90052 012 ***150.00

PINELLAS PARK FL 33781	Principal Place 4400 PARK E	OULEVARD	Mailing Address 4400 PARK BOULEVARD				14003689		
Suite. Apt. #, etc. City & State City & St		ARK FL 33781		3781					
City & State Country Zip Country Zip Country State Stat	2. Principal Place of Business		3. Mailing Address			_			
Zip Country S. Certificate of Statuts Coarred Sept-2156713 Nov Applicable Sept-2156713 Nov Applicable Sept-2156713 Nov Applicable Sept-2156713	l ·		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)		
S. Certificate of Status Desired Fee Required: Name Name	City & State		City & State			4. F	E0 21EC712		
HYATT, THOMAS L 1971 COBDLESTONE WAY CLEARWATER FL 33760 6. The above named entry 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 SIGNAT	Zip	Country	Zip	Country	у	5. (
HYATT, THOMAS L 1971 COBDLESTONE WAY CLEARWATER FL 33760 City FL City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registated agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 is After May 1: 2004 Fee will be \$550.00 is FILE NOWILL FEE IS \$150.00 is After May 1: 2004 Fee will be \$550.00 is FILE NOWILL FEE IS \$150.00 is After May 1: 2004 Fee will be \$550.00 is FILE NOWILL FEE IS \$150.00 is FILE NOWILL FEE IS \$150.00 is After May 1: 2004 Fee will be \$550.00 is FILE NOWILL FEE IS \$150.00 is Added to Fees FILE NOWILL FEE IS \$150.00 is FILE NOWILL FEE IS \$150.00 is Added to Fees FILE NOWILL FEE IS \$150.00 is Adde		6. Name and Address of Current	Registered Agent		MOORE CR2E034 (11/03) 4. FEI Number				
1971 COBDLESTONE WAY CLEARWATER FL 33760 Sireet Address (P.O. Box Number is Not Acceptable)	1971 COBDLESTONE WAY			1	Name				
8. The above named entity submits his statement for the purpose of changing is registered agent, or both, in the State of Florida. I an iterminar with, and accept the obligations of registered agent. SIGNATURE Septime heart or presed were of indeptables. (NOTE Registered Agent signature required when retigated) After May 1, 2004 Fee will be \$350.00; After May 1, 20					Street Address (P.O. Box Number is Not Acceptable)				
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	12. I hereby ce	ertify that the information supplied with	this filing does not qualify for	the exem	ption stated	in Section	119.07(3)(i). Florida Statutes. I further certify that the information		

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: