## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000003512

WRIGHT, ELAINE

629 MILLSLOUGH LANE SW

SUNSET BEACH, NC 284684234

Name:

Address: City-St-Zip:

FILED Jan 21, 2004 Secretary of State

Entity Name: WESTCROWNS, INC. **Current Principal Place of Business: New Principal Place of Business:** 477 SUMMERFIELD WAY VENICE, FL 34292 **Current Mailing Address: New Mailing Address:** 477 SUMMERFIELD WAY VENICE, FL 34292 FEI Number: 56-2136695 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARD, GEOFFREY C 477 SUMMERFIELD WAY VENICE, FL 34292 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition HARAN, JOHN WILLIAM Name: Name: CARSAIG, 25 NEWTYLE ROAD Address: Address: City-St-Zip: PAISLEY, RENFREWSHIRE, PA1 3JU City-St-Zip: Title: Title: () Delete () Change () Addition Name: HARAN, JOHN FRASER Name: 19 POTTERHILL AVENUE Address: Address: PAISLEY, RENFREWSHIRE, PA2 8BA City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CARD, GEOFFREY C Name: Name: 477 SUMMERFIELD WAY Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: Title: VΡ () Delete Title: VΡ (X) Change ( ) Addition WRIGHT, SAM PRIEST, DUNCAN Name: Name: Address: 629 MILLSLOUGH LANE SW Address: 172 FAIR BLUFF ROAD City-St-Zip: SUNSET BEACH, NC 284684234 City-St-Zip: ORRUM, NC 28369 Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ELAINE WRIGHT S 01/21/2004