


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # J76878 1. Entity Name CLUB WEST CASUAL WEAR, INC.	
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Principal Place of Business 1115 SE 12TH CT UNIT B CAPE CORAL, FL 33990	Mailing Address 1115 SE 12TH CT UNIT B CAPE CORAL, FL 33990
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**DO NOT WRITE IN THIS SPACE**

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2823846

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

ROBERTS, TERRY  
3102 S.E. 17TH AVE  
SUITE 103  
CAPE CORAL, FL 33904

**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: *Terry J. Roberts* *Belk 7* *4/27/04*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when making change) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROBERTS, TERRY J. 1115 SE 12TH CT UNIT B CAPE CORAL, FL 33990
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IN THIS SPACE**

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: *Terry J. Roberts* *Belk 7* *239-573-0990*  
Signature, typed or printed name of signing officer or director Date Daytime Phone #