

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54512

FILED  
Mar 15, 2004  
Secretary of State

Entity Name: WESTCO FLORIDA ASSOCIATES, INC.

**Current Principal Place of Business:**

9812 U.S. HIGHWAY 19  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

5335 SAGAMORE CT  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

FEI Number: 59-3032867      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FRANK, JOHN SR  
5335 SAGAMORE CT  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: FRANK, JOHN SR  
Address: 5335 SAGAMORE CT  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VD ( ) Delete  
Name: FRANK, JOHN JR  
Address: 9812 US HIGHWAY 19  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: ST ( ) Delete  
Name: FRANK, JOHN JR  
Address: 9812 US HIGHWAY 19  
City-St-Zip: PORT RICHEY, FL 34668 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JOHN FRANK SR

PD

03/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date