

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005934

FILED
Apr 15, 2004
Secretary of State

Entity Name: FLORIDA WEST COAST LOCKSMITHS ASSOCIATION, INC.

Current Principal Place of Business:

4035 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

PO BOX 17944
TAMPA, FL 336827944

New Mailing Address:

FEI Number: 36-4474128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, JEFF
4035 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33713

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATTON, LARRY
Address: 4035 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VD () Delete
Name: CURRY, ROB
Address: 4035 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VD () Delete
Name: BELLES, GREG
Address: 4035 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: SD () Delete
Name: ZANNI, SANDI
Address: 4035 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: TD () Delete
Name: KUPFERMAN, KEN
Address: 4035 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CURRY, ROB
Address: 4035 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VD (X) Change () Addition
Name: PARISI, PAUL
Address: 4035 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN KUPFERMAN

TD

04/15/2004

Electronic Signature of Signing Officer or Director

Date