


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb-09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N44541</b>	
1. Entity Name WEST COAST FLORIST ASSOCIATION OF FLORIDA, INC.	

Principal Place of Business 5904 7TH ST. ZEPHYRHILLS, FL 33542	Mailing Address P.O. BOX 2112 ZEPHYRHILLS, FL 33539 US
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02062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3131086	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DEIGHTON, RICHARD L 5904 7TH ST ZEPHYRHILLS, FL 33542	
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	DP STARR, DONALD 18113 SAILFISH DR #B PT. RICHEY, FL 34558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOWRY, SHARON 2509 W BUSCH BLVD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEIGHTON, RICHARD 5904 7TH ST ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WARMACK, MARY 11140 N 30TH STREET TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000222671  
02/10/05-80010-023 61.25

**DO NOT WRITE  
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)(f), 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 617, 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:**  **2/6/05** **813-782-1106**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #