

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State

05-03-2005 90126 042 ***150.00

DOCUMENT # P01000014690 1. Entity Name WEST COAST GRAPHICS, INC.																													
Principal Place of Business 646 2ND AVENUE SOUTH ST. PETERSBURG FL 33701				Mailing Address 646 2ND AVENUE SOUTH ST. PETERSBURG FL 33701																									
2. Principal Place of Business 4675 Lown St. N.		3. Mailing Address 4675 Lo																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State St. Petersburg FL		City & State St. Petersburg, FL		4. FEI Number 59-3702694																									
Zip 33714		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
5. Name and Address of Current Registered Agent ROYAL, MICHAEL D 646 2ND AVE. SOUTH ST. PETERSBURG FL 33701		7. Name and Address of New Registered Agent Name Michael D. Royal Street Address (P.O. Box Number is Not Acceptable) 4675 Lown St. N. City St. Petersburg FL Zip Code 33714																											
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 <i>Michael D. Royal</i> DATE 4-26-05 <small>Signature, typed or printed name of registered agent and useful applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROYAL, MICHAEL D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1476 CENTER RD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TERRA CEIA FL 34250</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	ROYAL, MICHAEL D		STREET ADDRESS	1476 CENTER RD		CITY- ST- ZIP	TERRA CEIA FL 34250		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <i>Michael D. Royal</i> DATE 4-26-05 DAYTIME PHONE # 727 898-0585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													