

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000072431

1. Entity Name

WESTCOAST WHOLESALE FLORAL, INC.



Principal Place of Business

9225 ULMERTON RD  
SUITE T  
LARGO, FL 33771

Mailing Address

9225 ULMERTON RD  
SUITE T  
LARGO, FL 33771

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1122616

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, MICHAEL\*J  
9642 LEEWARD AVENUE  
LARGO, FL 33773

**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

*Michael J Rose*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/04

**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	P
NAME	ROSE, MICHAEL
STREET ADDRESS	9642 LEEWARD AVE
CITY-ST-ZIP	LARGO, FL 33773
TITLE	V
NAME	ROSE, STEVEN
STREET ADDRESS	559 85 AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	S
NAME	ROSE, AMANDA
STREET ADDRESS	9642 LEEWARD AVE
CITY-ST-ZIP	LARGO, FL 33773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000070209  
03/01/04-80035-023 150.00

**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)(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:

*Michael J Rose*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04

Date

Daytime Phone #

727-584-3734