


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000026300	
1. Entity Name WEST COAST WALL SYSTEMS, INC.	

Principal Place of Business 10202 TUCKER JONES ROAD RIVERVIEW, FL 33569	Mailing Address 10202 TUCKER JONES ROAD RIVERVIEW, FL 33569
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DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 71-0917653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEGRU, EMIL
10202 TUCKER JONES ROAD
RIVERVIEW, FL 33569

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NEGRU, ANISOARA 10202 TUCKER JONES ROAD RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD NEGRU, EMIL 10202 TUCKER JONES ROAD RIVERVIEW, FL 33569
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02/02/05-80104-006 150.00

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 807, 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: ANISOARA NEGRU ANISOARA NEGRU, Vice Pres 1-30-2005 (813) 677-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone