

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90321 028 \*\*\*150.00

**DOCUMENT # P02000047341**

1. Entity Name  
**WEST COAST TAX & CONSULTING GROUP, CPA, P.A.**



Principal Place of Business  
**2653 STICKNEY POINT ROAD  
SARASOTA, FL 34231**

Mailing Address  
**PO BOX 18027  
SARASOTA, FL 34276**

2. Principal Place of Business  
**60 SARASOTA CENTER BLVD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**SARASOTA FL**

City & State

Zip  
**34240**

Country  
**USA**

Zip

Country

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**01-0677608**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VOIGT, STEPHEN F  
2042 BEE RIDGE RD.  
SARASOTA, FL 34239**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME WINTERROWD, DAVID R  
STREET ADDRESS 2653 STICKNEY POINT ROAD  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE P ☒ Change ☐ Addition  
NAME WINTERROWD, DAVID R.  
STREET ADDRESS 60 SARASOTA CENTER BLVD.  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE D ☐ Delete  
NAME JOANNETTE, MONIQUE  
STREET ADDRESS 2653 STICKNEY POINT ROAD  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D ☒ Change ☐ Addition  
NAME JOANNETTE, MONIQUE  
STREET ADDRESS 60 SARASOTA CENTER BLVD  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

941-927-9415

Daytime Phone #