2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90026 007 ***150.00

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1. Entity Name
WESTEX DESIGN CONCEPTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
14175 ICOT BLVD SUITE 300 CLEARWATER, FL 33760	14175 ICOT BLVD SUITE 300 CLEARWATER, FL 33760

01272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1221 ROGERS ST.	SAME
Suite, Apt. #, etc.: SUITE D	Suite, Apt. #, etc.:
City & State: CLEARWATER, FL	City & State:
Zip: 33756 Country: PINELLAS	Zip: Country:

4. FEI Number: 82-0553389 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUSIAL, A.J. JR.
1211 W. FLETCHER AVE
TAMPA, FL 33612

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RADTKE, H. HELMUT 14175 ICOT BLVD, SUITE 300 CLEARWATER, FL 33760	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER ☒ Change ☐ Addition 1221 ROGERS ST. SUITE A 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RADTKE, CAROL 14175 ICOT BLVD, SUITE 300 CLEARWATER, FL 33760	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition 1221 ROGERS ST. SUITE A. 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Carol L. Radtke CAROL L. RADTKE PRESIDENT 2/5/04 727-531-6682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #