2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90026 007 ***150.00

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01272004 Chg-P CR2E034 (10/03)

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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

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	7. Name and Address of New Registered Agent
MUSIAL, A.J. JR. 1211 W. FLETCHER AVE TAMPA, FL 33612	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	PD ☐ Delete	TITLE	SECRETARY/TREASURER ☒ Change ☐ Addition
NAME	RADTKE, H. HELMUT	NAME	
STREET ADDRESS	14175 ICOT BLVD, SUITE 300	STREET ADDRESS	1221 ROGERS ST. SUITE A
CITY-ST-ZIP	CLEARWATER, FL 33760	CITY-ST-ZIP	33756
TITLE	S ☐ Delete	TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	RADTKE, CAROL	NAME	
STREET ADDRESS	14175 ICOT BLVD, SUITE 300	STREET ADDRESS	1221 ROGERS ST. SUITE A.
CITY-ST-ZIP	CLEARWATER, FL 33760	CITY-ST-ZIP	33756
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 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 #