* 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Ian 20. 2005 08:00 AM

	ANNUAL	KEFOKI		J	an 20, 20	JUS UG.UU E	
DOCUMENT # P02000068494 1. Entity Name WESTEX DESIGN CONCEPTS OF FLORIDA, INC.				Secretary of State			
1221 ROGE	ce of Business RS ST. STE D R, FL 33756	Mailing Address 1221 ROGERS ST. STE D CLEARWATER, FL 33756		t 1880/1881 117 (1887) 8 1787) t	inder daller skaller skaller skaller	1 2011	
					ing-P CR25	:034 (10/03)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 82-0553389 5. Certificate of Status	Desired Π	Applied For Not Applicable	
Shediel de				5. Certificate of Status	newen C	Fee Required	
MUSIAL, / 1211 W. F TAMPA, F	LETCHER AVE	gistered Agent		DO NO IN THIS	T WRIT	ang gapapan munupulan.	
	a named entity submits this statement for the titions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or both, in the S	itate of Florida. I an	n familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	Marie a college la col	beninger endangte mage b	nahan sasattalinah	DATE	***************************************	
FIL After M	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing \$5.	GO May Be	0000018728	? -024 150.00	
10.	OFFICERS AND DI	RECTORS	يده دينې پېښې د پېړينين		a was a kasangan kanana ka	man of a constitution of the	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	RADTKE, H. HELMUT 1221 ROGERS ST STE D CLEARWATER, FL 33756						
TITLE NAME STREET ADDRESS CITY-ST-ZP	P RADTKE, CAROL 1221 ROGERS ST STE D CLEARWATER, FL 33758						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPAC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_						
TITLE NAME		· · · · · · · · · · · · · · · · · · ·					

12. I hereby certify that the information supplied with this fitting 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:

ONY SIGNATURE AND TOPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1/12/02

727-53)-6682 Daylime Phone #