


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

| | | |
|---|---|--|
| DOCUMENT # P03000043863 1. Entity Name WEST COAST AWNING OF CLEARWATER, INC. | |  |
| Principal Place of Business 6900 49TH ST. NORTH PINELLAS PARK, FL 33709 | Mailing Address 6900 49TH ST. NORTH PINELLAS PARK, FL 33709 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent DALY, TERENCE J 14502 N. DALE MABRY HWY., SUITE 200 TAMPA, FL 33618 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small> | | |
| 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 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DECOSMO, MICHAEL 6900 49TH ST. NORTH PINELLAS PARK, FL 33709 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DECOSMO, JOHN 6900 49TH ST. NORTH PINELLAS PARK, FL 33709 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |



04052005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 55-0833049 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

U000000299274
04/11/05-80100-024 150.00

**DO NOT WRITE
IN THIS SPACE**

4/5/05 727-521-2675
Date Daytime Phone #