

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

04-29-2005 90204 042 ***150.00

DOCUMENT # P03000131077 1. Entity Name WEST COAST SITE WORK INC			
Principal Place of Business 721 SW 36TH STREET APT 103 CAPE CORAL, FL 33914		Mailing Address 721 SW 36TH STREET APT 103 CAPE CORAL, FL 33914	
2. Principal Place of Business 1413 SW 1st Pl. Suite, Apt. #, etc.		3. Mailing Address 1413 SW 1st Pl. Suite, Apt. #, etc.	
City & State Cape Coral Fl. Zip 33991		City & State Cape Coral Fl. Zip 33991	
Country Lee		Country Lee	
4. FEI Number 20-0382060		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, JUAN J 721 SW 36TH STREET APT 103 CAPE CORAL, FL 33914		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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P ALVAREZ, JUAN J 721 SW 36TH STREET, APT 103 CAPE CORAL, FL 33914	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ALVAREZ, JUAN J 721 SW 36TH STREET APT 103 CAPE CORAL, FL 33914	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ALVAREZ, JUAN J 731 SW 36TH STREET APT 103 CAPE CORAL, FL 33914	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 6-27-05 Daytime Phone #	

66022355



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