


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000151926
 1. Entity Name
PATRIOT SERVICES WEST COAST, INC.



Principal Place of Business
2807 25TH ST WEST
BRADENTON FL 34205

Mailing Address
2807 25TH ST WEST
BRADENTON FL 34205



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **26-0075728**

Applied For
 Not Applicable

Zip Country

Zip Country

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 Change Addition

TITLE Delete
 NAME **PD DRUMM, DANIEL**
 STREET ADDRESS **2807 25TH ST WEST**
 CITY- ST- ZIP **BRADENTON FL 34205**

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY- ST- ZIP _____

TITLE Delete
 NAME **STD DRUMM, KAREN**
 STREET ADDRESS **2807 25TH ST WEST**
 CITY- ST- ZIP **BRADENTON FL 34205**

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY- ST- ZIP _____

TITLE Delete
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 CITY- ST- ZIP _____

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 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)(f), 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:  **01-31-05 941-351-2063**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #