

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90060 016 \*\*\*150.00

<b>DOCUMENT # P04000027974</b> 1. Entity Name <b>WEST COAST COMM INSTALLERS. INC</b>					
Principal Place of Business <b>3434 HANCOCK BRIDGE PKWY</b> <b>STE 208</b> <b>N. FT. MYERS, FL 33903 US</b>			Mailing Address <b>3434 HANCOCK BRIDGE PKWY</b> <b>STE 208</b> <b>N. FT. MYERS, FL 33903 US</b>		
2. Principal Place of Business <b>720 NE 25th Ave</b> Suite, Apt. #, etc. <b>12</b> City & State <b>Cape Coral FL</b> Zip <b>33909</b> Country <b>LCC</b>		3. Mailing Address <b>720 NE 25th Ave</b> Suite, Apt. #, etc. <b>12</b> City & State <b>Cape Coral FL</b> Zip <b>33909</b> Country <b>LCC</b>			
4. FEI Number <b>34-1985681</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>STEPHENSON, CHRISTOPHER B</b> <b>321 JEFFERSON AVE</b> <b>LEHIGH ACRES, FL 33903</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENSON, CHRISTOPHER B 321 JEFFERSON AVE. LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENSON, BRANDY 321 JEFFERSON AVE LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Chris Stephenson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/1/05</b> <small>Date</small>		<b>239 772-0144</b> <small>Daytime Phone #</small>