


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90727 019 \*\*\*158.75

**DOCUMENT # P93000051704**

1. Entity Name  
**WEST PHARMACEUTICAL SERVICES OF FLORIDA, INC.**



Principal Place of Business  
**11600 53RD ST N  
 CLEARWATER, FL 34670 US**

Mailing Address  
**101 GORDON DR  
 C/O TAX DEPARTMENT  
 LIONVILLE, PA 19341**

**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**52-1834733**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	GAILEY, JOHN
STREET ADDRESS	101 GORDON DR
CITY-ST-ZIP	LIONVILLE, PA 19341
TITLE	V
NAME	ANDERSON, MICHAEL A
STREET ADDRESS	101 GORDON DR
CITY-ST-ZIP	LIONVILLE, PA 19341
TITLE	P
NAME	MCCLEERY, FRED
STREET ADDRESS	11600 53RD ST N
CITY-ST-ZIP	CLEARWATER, FL 34670
TITLE	T
NAME	BARTLES, GWEN
STREET ADDRESS	11600 53RD ST N
CITY-ST-ZIP	CLEARWATER, FL 34670
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **Michael Anderson** 4-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #