

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

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



01262005 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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

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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02/14/05-80011-006 158.75

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #

Michael Anderson

2-01-05

610 591 2902