2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 06, 2005 08:00 AM DOCUMENT # P94000076367 **Secretary of State** 1. Entity Name WEST COAST MASTER PAINTERS, INC. Mailing Address Principal Place of Business 4804 W GANDY BLVD 4804 W GANDY BLVD TAMPA FL 33611 **TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE 4. FEI Number Applied For City & State City & State 59-3270303 Not Applic. Country Country \$8,75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEWIS, EARL P Street Address (P.O. Box Number is Not Acceptable) 4804 W GANDY BLVD **TAMPA FL 33611** 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May : 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Adi TITLE ☐ Delete NAME LEWIS, EARL P NAME U00000369049 06/06/05-80003-021 150.00 STREET ADDRESS 4804 W GANDY BLVD STREET ADDRESS TAMPA FL 33611 CITY-ST-ZIP CITY-ST-ZIP Change -- A. TITLE ☐ Detete TITLE MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Adam TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change TITLE ☐ Defete Ad · NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-78 CITY ST-ZIP ☐ Change ☐ Adi ☐ Delete THILE NAME NAME STREELADORESS STREET ADDRESS CITY-ST-ZIP CHY-St-ZIP ☐ Change ☐ A Delele MLE TITLE NAME NAME STREET LADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST 70

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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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: