

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90558 044 ***150.00

DOCUMENT # P96000000204					
1. Entity Name WESTCOURT MANAGEMENT, INC.					
Principal Place of Business 1122 HALLAMWOOD TRAIL S LAKELAND, FL 33813			Mailing Address 1122 HALLAMWOOD TRAIL S LAKELAND, FL 33813		
2. Principal Place of Business 4913 PLEASANT Hollow TRL Suite, Apt. #, etc.		3. Mailing Address 4913 PLEASANT Hollow TRL Suite, Apt. #, etc.			
City & State LAKELAND, FL		City & State LAKELAND, FL		4. FEI Number 59-3352543	
Zip 33811		Country POIK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELANEY, KEVIN P 1122 HALLAMWOOD TRAIL S LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4913 PLEASANT Hollow TRL City LAKELAND FL Zip Code 33811		
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME DELANEY, KEVIN P STREET ADDRESS 1122 HALLAMWOOD TRAIL S CITY-ST-ZIP LAKELAND, FL 33813	TITLE D <input type="checkbox"/> Delete NAME DELANEY, ARLENE STREET ADDRESS 1122 HALLAMWOOD TRAIL S CITY-ST-ZIP LAKELAND, FL 33813		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 4913 PLEASANT Hollow TRL NAME LAKELAND, FL 33811 STREET ADDRESS 4913 PLEASANT Hollow TRL CITY-ST-ZIP LAKELAND, FL 33811		
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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:		KEVIN P. DELANEY PRES 4/22/04 863-644-4084			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			