

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90032 005 ***150.00

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1. Entity Name
WEST COAST CONVENTION ELECTRIC, INC.



Principal Place of Business
**6412-9TH STREET NORTH
ST. PETERSBURG, FL 33702**

Mailing Address
**6412-9TH STREET NORTH
ST. PETERSBURG, FL 33702**

94021696



2. Principal Place of Business
6412 M.L. KING JR. ST. N.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 20003
Suite, Apt. #, etc.

02102004 Chg-P CR2E034 (10/03)

City & State
ST. PETERSBURG

City & State
ST. PETERSBURG, FL

4. FEI Number
59-3410936

Applied For
Not Applicable

Zip
33702

Country
PINELLAS

Zip
33742

Country
PINELLAS

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

6. Name and Address of Current Registered Agent

**JOHNSON, DARWIN J
6412-9TH STREET NORTH
ST. PETERSBURG, FL 33702**

7. Name and Address of New Registered Agent

Name
IRA R. HARTIG
Street Address (P.O. Box Number is Not Acceptable)
2057 67TH AVENUE NORTH
City
ST. PETERSBURG FL Zip Code
33702

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 **IRA R. HARTIG, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable.

IRA R. HARTIG, PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

02/12/04
DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JOHNSON, DARWIN J
9240 MERRIMOR BLVD
LARGO, FL 34647** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
LANGAN, RONALD O
2713 26TH AVE N
ST PETERSBURG, FL 33713** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HARTIG, IRA R.
2057 67TH AVE N
ST PETERSBURG, FL 33702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/DIRECTOR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **IRA R. HARTIG, PRES.** **02/12/04** **(727) 521-2438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #