

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90437 027 \*\*\*150.00

<b>DOCUMENT # P96000087625</b> 1. Entity Name <b>WEST COAST SIGNS, INC.</b>					
Principal Place of Business <b>2310 WHITFIELD IND. WAY</b> <b>SARASOTA, FL 34243 US</b>			Mailing Address <b>3841 RAVENWOOD PLANCE</b> <b>SARASOTA, FL 34243</b>		
2. Principal Place of Business <b>2310 WHITFIELD INDUSTRIAL WAY</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>SARASOTA, FL</b>		City & State		4. FEI Number <b>65-0703620</b>	
Zip <b>34243</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRIMES, CALEB J</b> <b>1023 MANATEE AVE. WEST</b> <b>BRADENTON, FL 34205</b>				7. Name and Address of New Registered Agent Name <b>ROBIN K. MORROW</b> Street Address (P.O. Box Number is Not Acceptable) <b>2310 Whitfield Industrial Way</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34243</b>	
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 <u><i>Robin K. Morrow</i></u> DATE <u>4-28-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORROW, LARRY G</b> <b>3841 RAVENWOOD PLACE</b> <b>SARASOTA, FL 34243</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORROW, ROBIN K.</b> <b>3841 Ravenwood Place</b> <b>Sarasota, FL 34243</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>MORROW, LARRY G</b> <b>3841 RAVENWOOD PLACE</b> <b>SARASOTA, FL 34243</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>MORROW, ROBIN K.</b> <b>3841 Ravenwood Place</b> <b>Sarasota, FL 34243</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Robin K. Morrow* 4-28-05 941.755-5686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #