2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

ANNOAL N	EPORI				, 2003 00.00 F	
DOCUMENT # P97000018720 1. Entity Name WEST COAST CASTINGS, INC.)			Seci	etary of State	
Principal Place of Business Ma	iling Address					
1211 B 44TH AVE EAST 1211 B 44TH AVE EAST						
BRADENTON, FL 34203	RADENTON, FL 34203					
	<u>- — </u>					
DO NOT WRITE IN THIS SPACE				200 (200 No Char D. CD0E004 (10(00))		
			02242005	No Chg-P C	R2E034 (10/03)	
			4. FEI Numbe		Applied For	
			65-073	10//	Not Applicable	
			5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Regis	tered Agent	<u> </u>				
BOERGER, THEODORE G 1211 44TH AVENUE EAST			DO	NOT WR	ITE	
BRADENTON, FL 34203			INI T	THIS SPA	^ ⊑	
			114	ITIIO OFA	CL	
8. The above named entity submits this statement for the p	ourpose of changing its register	ed office or regi:	stered agent, or bo	th, 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	il applicable. (NOTE, Registere	ed Agent signature req	uired when reinstating)		DATE	
			\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRE	CTORS					
TITLE P	· -					
NAME BOERGER, THEODORE G STREET ADDRESS 1211 44TH AVENUE EAST						
CITY-ST-ZIP BRADENTON, FL 34203						
TITLE				<u> </u>	30348	
NAME					0015-015 158.75	
STREET ADDRESS						
CITY-ST-ZIP		1		•		
TITLE NAME						
STREET ADDRESS			DO	NOT WR	ite	
CITY-ST-ZIP		<u> </u>	bo	MOI MU		
TITLE			IN '	THIS SPA	CE	
NAME			***			
STREET ADDRESS CITY-ST-ZIP						
TITLE		-1				
NAME		I				
STREET ADDRESS						
CITY-ST-ZIP		-1				
TITLE		1				
NAME STREET ADDRESS						
CITY-ST-ZIP		1				
1	filing does not qualify for the ex-	emption stated in	n Section 119.07(3)	(i), Florida Statutes, I fur	ther certify that the information	
12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers.	and accurate and that my signated to execute this report as required to execute this report as required to execute this report as required to execute the execute	ature shall have uired by Chapter	the same legal effe r 607, Florida Statut	ct as if made under oath es, and that my name ar	, that I am an officer or director opears in Block 10 or Block 11 if	
changed, or on an attachment with an address, with a	Il other like empsyvered	,,				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR