


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90044 023 ***150.00

DOCUMENT # P97000054892	
1. Entity Name WEST ATLANTIC ASSOCIATES, INC.	

Principal Place of Business 9690 W. SAMPLE RD., STE 102 CORAL SPRINGS, FL 33065	Mailing Address 9690 W. SAMPLE RD., STE 102 SUITE 22 CORAL SPRINGS, FL 33065
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94031328



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 10180 N.W. 48th Drive Suite, Apt. #, etc. City & State Coral Springs, FL Zip 33076 Country USA
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02022004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0759682	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LARKIN, BERNICE 10180 NW 48TH DR. CORAL SPRINGS, FL 33076	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LARKIN, BERNICE 10180 NW 48TH DR. CORAL SPRINGS, FL 33076 <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: Bernice Larkin 3/15/04 (954) 346-5207
Bernice Larkin, President Date Daytime Phone #