

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 12, 2004 08:00 AM

Secretary of State

DOCUMENT # P98000009614

1. Entity Name  
STUDIO WEST, INC.



Principal Place of Business  
2655 SW PT. ST. LUCIE BLVD.  
PT. ST. LUCIE, FL 34953

Mailing Address  
2655 SW PT. ST. LUCIE BLVD.  
PT. ST. LUCIE, FL 34953



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0773658

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MORASH, THERESA A  
3757 S.W. KAKOPO ST.  
PT. ST. LUCIE, FL 34953

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORASH, THERESA A
STREET ADDRESS	3973 SW JARMER ROAD
CITY-ST-ZIP	PT. ST. LUCIE, FL 34953
TITLE	D
NAME	LANIGAN, PAMELA J
STREET ADDRESS	1240 SW JERICO AVENUE
CITY-ST-ZIP	PT. ST. LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/04-80053-006 150.00

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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)(f), 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:

*Theresa A Morash*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone