

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90018 035 \*\*\*150.00

<b>DOCUMENT # P98000025446</b> 1. Entity Name <b>FLORIDA WESTCOAST SERVICES, INC.</b>					
Principal Place of Business <b>1520 N TAMiami TrL FORT MYERS, FL 33903</b>			Mailing Address <b>MICHAEL G. RANDOLPH, P.A. 1619 JACKSON STREET FORT MYERS, FL 33902</b>		
2. Principal Place of Business <b>2215-F WINKLER AVE.</b>		3. Mailing Address <b>12670 NEW BRITTANY BLVD,</b>			
Suite, Apt. #, etc. <b>108</b>		Suite, Apt. #, etc. <b>SUITE 101</b>			
City & State <b>FORT MYERS, FL</b>		City & State <b>FORT MYERS, FL</b>			
Zip <b>33901</b>		Country <b>LEE</b>		Zip <b>33907</b>	
Country <b>LEE</b>		Country <b>LEE</b>			
6. Name and Address of Current Registered Agent  <b>RANDOLPH, MICHAEL D PA 1619 JACKSON STREET FORT MYERS, FL 33902</b>			7. Name and Address of New Registered Agent Name <b>ROYSTON ROBERT D JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12670 NEW BRITTANY BLVD, SUITE 101</b>  City <b>FORT MYERS</b>		
State <b>FL</b>			Zip Code <b>33907</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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE: <b>2/8/2005</b>					
<b>FILE NOW!!! FEE IS \$150.00 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>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSTP <input type="checkbox"/> Delete <b>KRAUS, ANDREAS</b> <b>59 CAMELOT GARDENS #111</b> <b>LEHIGH ACRES, FL 33936</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSTP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2215-F WINKLER AVE, SUITE 108</b> <b>FORT MYERS, FL 33901</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>02/06/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>02/06/05</b>					
Daytime Phone #					

40018566



01192005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3499346**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

Zip Code

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

DATE

NOTE: Registered Agent signature required when reinstating

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY - ST - ZIP

TITLE

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