

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90385 034 ***150.00

DOCUMENT # P98000086563

1. Entity Name
WEST COAST COMMUNICATIONS, INC.



Principal Place of Business
1700 MC MULLEN BOOTH RD
STE B5
CLEARWATER, FL 33759

Mailing Address
1700 MC MULLEN BOOTH RD
STE B5
CLEARWATER, FL 33759

44029817



04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

107 HAMPTON ROAD

Suite, Apt. #, etc.

SUITE 130

City & State

CLEARWATER FL

Zip

33759

Country

USA

3. Mailing Address

107 HAMPTON ROAD

Suite, Apt. #, etc.

SUITE 130

City & State

CLEARWATER FL

Zip

33759

Country

USA

4. FEI Number

59-3531724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASSWATERS, ROBERT
1700 MCMULLEN BOOTH RD., B-5
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent

Name
PASSWATERS, ROBERT

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

107 HAMPTON ROAD

SUITE 120

City

CLEARWATER

FL

Zip Code

33759

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

Robert J. Passwaters

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

(NOTE: Registered Agent signature required when reinstating)

4-15-04

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 GAGLIANO, PAUL
STREET ADDRESS 12155 6TH ST. EAST
CITY-ST-ZIP TREASURE ISLAND, FL 33706 ☐ Delete

TITLE D
NAME NEWELL, BRENDA LEE
STREET ADDRESS 2810 COUNTRYSIDE BLVD., #1
CITY-ST-ZIP CLEARWATER, FL 33761 ☐ Delete

TITLE P
NAME PASSWATERS, ROBERT
STREET ADDRESS 1700 MC MULLEN BOOTH RD, B5
CITY-ST-ZIP CLEARWATER, FL 33759 ☐ Delete

TITLE ST
NAME WILLIAMS, W. F.
STREET ADDRESS 1700 MC MULLEN BOOTH RD, B5
CITY-ST-ZIP CLEARWATER, FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME PASSWATERS, ROBERT
STREET ADDRESS 107 HAMPTON ROAD, SUITE 120
CITY-ST-ZIP CLEARWATER, FL 33759 ☒ Change ☐ Addition

TITLE ST
NAME WILLIAMS, WILSON F.
STREET ADDRESS 107 HAMPTON ROAD, SUITE 120
CITY-ST-ZIP CLEARWATER, FL 33759 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

WILSON F. WILLIAMS/ST

Date

Daytime Phone #

4/14/04 722-726-5677