

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000034276

FILED
Jan 28, 2005
Secretary of State

Entity Name: TEAM MANAGEMENT OF WEST COAST FLORIDA, INC.

Current Principal Place of Business:

9340 YELLOW LAKE DR.
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

9321 BARAK AVE.
SEFFNER, FL 33584

Current Mailing Address:

9340 YELLOW LAKE DR.
NEW PORT RICHEY, FL 34654

New Mailing Address:

9321 BARAK AVE.
SEFFNER, FL 33584

FEI Number: 59-3573612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOLTON, ROBERT
9321 BARAK AVE
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZOLTON, ROBERT
Address: 9321 BARAK AVE
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: ZOLTON, AMYBETH
Address: 9321 BARAK AVE
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMYBETH ZOLTON

SECR

01/28/2005

Electronic Signature of Signing Officer or Director

_____ Date