

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051459

FILED
Apr 29, 2005
Secretary of State

Entity Name: WEST PASCO ENTERPRISES, INC.

Current Principal Place of Business:

6610 ORANGE BLOSSOM TRAIL
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

9300 REGENCY PARK BLVD.
PORT RICHEY, FL 34668

New Mailing Address:

6610 ORANGE BLOSSOM TRAIL
NEW PORT RICHEY, FL 34653

FEI Number: 59-3578655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, LARRY
6610 ORANGE BLSM TRAIL
NEW PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

COLLINS, LARRY
6610 ORANGE BLOSSOM TRAIL
NEW PORT RICHEY, FL 34653 US

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: LARRY COLLINS

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLLINS, LARRY
Address: 6610 ORANGE BLOSSOM TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP () Delete
Name: BOWERS, DAVE
Address: 9041 HUNT CLUB LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: T (X) Delete
Name: COLLINS, VICKIE
Address: 6610 ORANGE BLOSSOM TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S (X) Delete
Name: BOWERS, VICKIE
Address: 9041 HUNT CLUB LANE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: COLLINS, VICKIE
Address: 6610 ORANGE BLOSSOM TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34653

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: VICKIE COLLINS

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date