

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90301 005 ***150.00

DOCUMENT # P99000107405

1. Entity Name

WEST PASCO LAWYER'S REFERRAL SERVICE, INC.



Principal Place of Business

**7529 REDCOAT AVENUE
PORT RICHEY FL 34668**

Mailing Address

**7529 REDCOAT AVENUE
PORT RICHEY FL 34668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3634930

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

**TORRENCE, ALFRED W JR.
6645 RIDGE ROAD
PORT RICHEY FL 34669**

Name

Eugene L. Beil

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

12312 US Hwy 19 N

City

Hudson

FL

Zip Code

34667

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

Make Check Payable to Florida Department of State

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

TITLE ☒ Delete
NAME D
STREET ADDRESS SPENCE, MARK A
CITY-ST-ZIP 6400 MADISON STREET
NEW PORT RICHEY FL 34652

TITLE ☒ Change ☐ Addition
NAME Shirley S. Bieley
STREET ADDRESS 7529 Redcoat Ave
CITY-ST-ZIP Port Richey, FL 34668

TITLE ☒ Delete
NAME D
STREET ADDRESS ELLROD, MATTHEW D
CITY-ST-ZIP 5901 US 19, STE. 7E
NEW PORT RICHEY FL 34652

TITLE ☒ Change ☐ Addition
NAME EUGENE L BEIL
STREET ADDRESS 12312 U.S. 19
CITY-ST-ZIP Hudson, FL 34667

TITLE ☒ Delete
NAME D
STREET ADDRESS SAVIO, CHARLES J
CITY-ST-ZIP 12029 MAJESTIC BOULEVARD, SUITE 2
BAYONET POINT FL 34667

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Eugene L. Beil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 727-868-2306
Date Daytime Phone #