
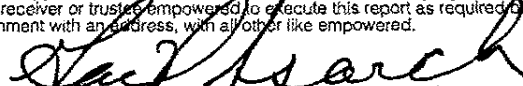


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # V09570 1. Entity Name 4755 WEST ATLANTIC CORPORATION		
Principal Place of Business 1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33406	Mailing Address 1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33406	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GERSON, GARY N. 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE
E. 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 _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP METZ, JOHN C 8008 SOUTH FLAGLER COURT W. PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, ARTHUR 1601 BELVEDERE ROAD, #407, SOUTH W. PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASARCH, GAIL 1601 BELVEDERE RD., SUITE 407S WEST PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAPES, PAUL 1601 BELVEDERE RD., SUITE 407S WEST PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/20/04 (561)689-6601 <small>Date Daytime Phone #</small>



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0318895

Applied For
Not Applicable

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

000000137251
04/29/04-80031-024 150.00

**DO NOT WRITE
IN THIS SPACE**