



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

04-29-2004 90060 002 ****50.00

DOCUMENT # L03000043045					
1. Entity Name WEST COAST INDUSTRIAL SERVICES, LIMITED LIABILITY COMPANY					
Principal Place of Business 5689 INDUSTRIAL BLVD MILTON, FL 32583			Mailing Address 5689 INDUSTRIAL BLVD MILTON, FL 32583		
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 20-0367178	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MYSLAK, JOHN V 5689 INDUSTRIAL BLVD MILTON, FL 32583			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYSLAK, JOHN V		NAME		
STREET ADDRESS	5689 INDUSTRIAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, BRADLEY A		NAME		
STREET ADDRESS	5689 INDUSTRIAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAGGET, JOHNNY		NAME		
STREET ADDRESS	5689 INDUSTRIAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the trustee or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 			Date: 4-26-04		Daytime Phone #: 850-477-1557
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

