G94621

West Coast Development Corporation of Naples, Inc.
3073 S. Horseshoe Drive, # 118
Naples, FL 34104

800030812318

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

03/23/04--01017--017 **35.00

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FLR/TL

Office Use Only

RO change
CA 3/24/04

FILED
04 MAR 23 PM 1:10
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of Florida submits the following statement in order to change the registered office in Florida.

1. The name of the corporation: West Coast Development Corporation of Naples, INC.

2. The street address of the current registered office:

3873 S. Horseshoe Drive
STE 118
Naples FL 34104

3. The street address of the new registered office:

3073 S. Horseshoe Drive
STE 118
Naples, FL 34104

FILED
04 MAR 23 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The corporation has been notified in writing of this change.

The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.

Date: 3/9/04

(Signature of Registered Agent)

Donald L. Arnold
(Printed or Typed Name)

If signing on behalf of an entity:

Donald L. Arnold — V.P.

(Typed or Printed Name) (Capacity)

Filing Fee: $35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS28(8/99)

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

CORRECTED COPY

Address Change only

DOCUMENT # G94621

1. Entity Name

WEST COAST DEVELOPMENT CORPORATION OF NAPLES, INC.

Principal Place of Business	Mailing Address
~~3073 S HORSESHOE DR STE 118~~ NAPLES FL 34104 US	~~3073 S HORSESHOE DR STE 118~~ NAPLES FL 34104 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc. 3073 SOUTH HORSESHOE DRIVE SUITE 118	Suite, Apt #, etc. 3073 SOUTH HORSESHOE DRIVE SUITE 118
City & State NAPLES, FLORIDA 34104	City & State NAPLES, FLORIDA 34104
Zip / Country	Zip / Country

MOORE CR2E034 (11/03)

4. FEI Number 59-2406106 ☐ Applied for ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARNOLD,DONALD L.
~~3073 S HORSESHOE DR STE 118~~
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 3073 SOUTH HORSESHOE DRIVE SUITE 118

NAPLES, FLORIDA 34104

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 ac[cept] the obligations of registered agent.

SIGNATURE [signature] 2/3/04

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 Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD VETTER, RICHARD ~~3073 S HORSESHOE DR STE 118~~ NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3073 SOUTH HORSESHOE DRIVE SUITE 118 NAPLES, FLORIDA 34104	☒ Change ☐ Ad[dition]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ARNOLD,DONALD ~~3073 S HORSESHOE DR STE 118~~ NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3073 SOUTH HORSESHOE DRIVE SUITE 118 NAPLES, FLORIDA 34104	☒ Change ☐ Ad[dition]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Ad[dition]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Ad[dition]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Ad[dition]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Ad[dition]

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 informat[ion] 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 dire[ctor] 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 1[1 if] changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/3/04 239643-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #