2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000116454

1. Entity Name
WEST COAST HANGARS, INC.

Principal Place of Business	Mailing Address
C/O DAVID G. BUDD 3033 RIVIERA DRIVE NAPLES, FL 34103	C/O DAVID G. BUDD 3033 RIVIERA DRIVE NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

02242004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0567088
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUDD, DAVID G
3033 RIVIERA DRIVE
SUITE 201
NAPLES, FL 34103

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000035342
03/24/04-80020-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	BUDD, DAVID G
STREET ADDRESS	3033 RIVIERA DRIVE #201
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	PTD
NAME	STARMAN, SHELDON W
STREET ADDRESS	4099 TAMIAMI TRAIL NORTH SUITE 400
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	V
NAME	DAVIS, JULIA M
STREET ADDRESS	9201 W OLYMPIC BLVD STE 200
CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	AS
NAME	LAPIN, DAVID A
STREET ADDRESS	9201 W OLYMPIC BLVD STE 200
CITY-ST-ZIP	BEVERLY HILLS, CA 90212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: David G Budd 3/19/04 (239) 263-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID G. BUDD, VICE PRESIDENT