2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000116454

WEST COAST HANGARS, INC.



FILED Mar 02, 2006 08:00 Al **Secretary of State**

Principal Place of Business

C/O DAVID G. BUDD 3033 RIVIERA DRIVE NAPLES, FL 34103

Mailing Address

C/O DAVID G. BUDD 3033 RIVIERA DRIVE NAPLES, FL 34103



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0567088 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BUDD, DAVID G

3033 RIVIERA DRIVE SUITE 201

DO NOT WRITE IN THIS COACE

NAPLES, FL 34103			IN THIS SPACE		
	named entity submits this statement for the plans of registered agent.	urpose of changing its registered offic	e or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	applicable (NOTE, Registered Agent si	gnature required when reinstaling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		<u> </u>	
FITLE	vs				
NAME	BUDD, DAVID G 3033 RIVIERA DRIVE #201				
STREET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34103				
THE	PTD	i i			
NAME	STARMAN, SHELDON W		90000045304 4 03/14/06-80004-008 159 . 75		
STREET ADDRESS	4099 TAMIAMI TRAIL NORTH SUITE	400			
CITY-ST-ZIP	NAPLES, FL 34103	<u> </u>			
THE	V				
NAME					
STREET ADDRESS			DO NOT WRITE		
CITY - ST - ZIP	BEVERLY HILLS, CA 90212				
TITLE	AS		IN '	IN THIS SPACE	
NAME LAPIN, DAVID A					
STREET ADDRESS CITY-ST-ZIP					
	BEVERET MILLS, CA 90212	<u> </u>			
TITLE NAME					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS CITY-ST-ZIP BILL NAME STREET ADDRESS CITY-St-ZIP

DAVID G. BUDD, VICE PRESIDENT

2/27/06

(239) 263-7700

Daytime Phone #