

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018612

FILED
Jan 11, 2006
Secretary of State

Entity Name: WEST COAST FINANCIAL MANAGEMENT, INC.

Current Principal Place of Business:

12513 SPRING HILL DR.
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

12513 SPRING HILL DR.
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 20-0688760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKULA, CAROL A
12513 SPRING HILL DR.
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: OKULA, CAROL A
Address: 3520 CROAKER DRIVE
City-St-Zip: SPRING HILL, FL 34607

Title: PS () Delete
Name: LOVELOCK, MICHAEL T
Address: 1114 BENTLEY AVE.
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PS (X) Change () Addition
Name: LOVELOCK, MICHAEL T
Address: 9311 WALLIEN DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL A. OKULA

VP

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date