


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90030 046 ***150.00

DOCUMENT # P93000040637		
1. Entity Name WEST COAST WAREHOUSING, INC.		

Principal Place of Business 2070 RINGLING BLVD SARASOTA, FL 34237	Mailing Address 2070 RINGLING BLVD SARASOTA, FL 34237
---	---

2. Principal Place of Business P. O. Box 15021 Suite, Apt. #, etc.	3. Mailing Address P. O. Box 15021 Suite, Apt. #, etc.
--	--

City & State Sarasota, FL	City & State Sarasota, FL	4. FEI Number 65-0420172	Applied For <input type="checkbox"/> Not Applicable
Zip 34277	Country	Zip 34277	Country

01072004 Chg-P CR2E034 (10/03)



6. Name and Address of Current Registered Agent PEAL, GARY W 2070 RINGLING BLVD SARASOTA, FL 34237		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GAMBLE, ROBERT L. 2070 RINGLING BLVD SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gamble, Robert L. 943 Contento Street Sarasota, FL 34242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, JANE B 2070 RINGLING BLVD SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T/D Gamble, Shirley K. 943 Contento Street Sarasota, FL 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debra Webb 943 Contento Street Sarasota, FL 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gamble, Gregory Alan 943 Contento Street Sarasota, FL 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: Robert L. Gamble 2-10-04 941 349-5310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #