


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000040637			
1. Entity Name WEST COAST WAREHOUSING, INC.			
Principal Place of Business PO BOX 15021 SARASOTA FL 34277		Mailing Address PO BOX 15021 SARASOTA FL 34277	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number **65-0420172** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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	
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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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	PD	<input type="checkbox"/> Delete	NAME	U00000608828	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	GAMBLE, ROBERT L.		STREET ADDRESS	02/01/07-80024-023 150.00	
CITY ST ZIP	943 CONTENTO STREET SARASOTA FL 34242		CITY ST ZIP		
NAME	VSTD	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	GAMBLE, SHIRLEY K		STREET ADDRESS		
CITY ST ZIP	943 CONTENTO STREET SARASOTA FL 34242		CITY ST ZIP		
NAME	D	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	WEBB, DEBRA GAMBLE		STREET ADDRESS		
CITY ST ZIP	943 CONTENTO STREET SARASOTA FL 34242		CITY ST ZIP		
NAME	D	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	GAMBLE, GREGORY ALAN		STREET ADDRESS		
CITY ST ZIP	943 CONTENTO STREET SARASOTA FL 34242		CITY ST ZIP		
NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Shirley K. Gamble* **Shirley K. Gamble** 1-25-07 941-344-5310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #