

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000040637

FILED
Feb 04, 2009
Secretary of State

Entity Name: WEST COAST WAREHOUSING, INC.

Current Principal Place of Business:

PO BOX 15021
SARASOTA, FL 34277

New Principal Place of Business:

943 CONTENTO ST
SARASOTA, FL 34242

Current Mailing Address:

PO BOX 15021
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 65-0420172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEAL, GARY W
2070 RINGLING BLVD
SARASOTA, FL 34237 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: PD () Delete
Name: GAMBLE, ROBERT L.
Address: 943 CONTENTO STREET
City-St-Zip: SARASOTA, FL 34242

Title: VSTD () Delete
Name: GAMBLE, SHIRLEY K
Address: 943 CONTENTO STREET
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: WEBB, DEBRA GAMBLE
Address: 943 CONTENTO STREET
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: GAMBLE, GREGORY ALAN
Address: 943 CONTENTO STREET
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHIRLEY K GAMBLE

VSTD

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date