2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# 333051

Entity Name: WEST COAST INSURERS OF CRYSTAL RIVER, INC

Current Principal Place of Business:

104 SE 7TH AVE
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

POB 576
CRYSTAL RIVER, FL 34423

New Mailing Address:

PO BOX 576
CRYSTAL RIVER, FL 34423

FEI Number: 59-1225325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSTLEY, BYRON L
104 S.E. 7TH AVE.
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

COSTLEY, BYRON L
104 S.E. 7TH AVE.
CRYSTAL RIVER, FL 34429 US

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: BYRON L COSTLEY 04/19/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: COSTLEY, BYRON L,
Address: 104 SE 7TH AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DVS ( ) Delete
Name: MAYNARD, CATHERINE M, .
Address: 49 SOUTH WOLFE POINT
City-St-Zip: LECANTO, FL 34461

Title: DV ( ) Delete
Name: CHUPKO, MEREDITH J.,
Address: 7405 S BLACKBERRY POINT
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVS (X) Change ( ) Addition
Name: MAYNARD, CATHERINE M, .
Address: 646 N MAYLEN AVE
City-St-Zip: LECANTO, FL 34461

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

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: CATHERINE MAYNARD DVS 04/19/2007
Electronic Signature of Signing Officer or Director Date