2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 636306

Entity Name: WEST COAST FUNDING CORPORATION

Current Principal Place of Business:

19311 GOPHER TRAIL PLACE
LAND O LAKES, FL 34638 US

New Principal Place of Business:

Current Mailing Address:

19311 GOPHER TRAIL PLACE
LAND O LAKES, FL 334638 US

New Mailing Address:

19311 GOPHER TRAIL PLACE
LAND O LAKES, FL 34638 US

FEI Number: 59-2713691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, WILLIAM
19311 GOPHER TRAIL PLACE
LAND O LAKES, FL 346384638 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: PSD ( ) Delete
Name: MARTINEZ, WILLIAM
Address: 19311 GOPHER TRAIL PLACE
City-St-Zip: LAND O LAKES, FL 34638

Title: VPD ( ) Delete
Name: MARTINEZ, GAIL ANN
Address: 19311 GOPHER TRAIL PLACE
City-St-Zip: LAND O LAKES, FL 34638

Title: D ( ) Delete
Name: PALMER, MARY JENIFER
Address: 19311 GOPHER TRAIL PLACE
City-St-Zip: LAND O LAKES, FL 34638

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:

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: WILLIAM MARTINEZ PSD 01/23/2009

Electronic Signature of Signing Officer or Director Date