

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000003882

1. Entity Name
WEST COAST FACILITIES INC.



Principal Place of Business

**6800 BROKEN SOUND PARKWAY NW
SUITE 100
BOCA RATON, FL 33487**

Mailing Address

**6800 BROKEN SOUND PARKWAY NW
SUITE 100
BOCA RATON, FL 33487**



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3814751

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05/08/08-80062-017 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BELL, MARC N 6800 BROKEN SOUND PARKWAY NW SUITE 100 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STATON, DANIEL C 6800 BROKEN SOUND PARKWAY NW SUITE 100 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ASHER, PAUL 6800 BROKEN SOUND PARKWAY NW SUITE 100 BOCA RATON, FL 33487
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #