

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F31706	
1. Entity Name WEST COAST CHARTER COMPANY	
Principal Place of Business P O BOX 55 ORLANDO, FL 32802	Mailing Address P O BOX 55 ORLANDO, FL 32802



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2117465	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRATES, E J
10600 ORANGE AVENUE
ORLANDO, FL 32824

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000326258
04/23/05-80049-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STRATES, E J
STREET ADDRESS	10600 ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 32824

TITLE	S
NAME	DOREMUS, SIBYL S
STREET ADDRESS	10600 ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 32824

TITLE	AS
NAME	STRATES, E J
STREET ADDRESS	10600 ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 32824

TITLE	AS
NAME	DOREMUS, SIBYL STRATES
STREET ADDRESS	7120 LAKE ELLENOR DRIVE
CITY-ST-ZIP	ORLANDO, FL 32809

TITLE	AS
NAME	STRATES, JOHN E.
STREET ADDRESS	7120 LAKE ELLENOR DRIVE
CITY-ST-ZIP	ORLANDO, FL 32809

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

E. Jay Strates
E. Jay Strates

Date

Daytime Phone #

4-13-05 407-855-3939