


**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 Mailing Address
P O BOX 55 P O BOX 55
ORLANDO, FL 32802 ORLANDO, FL 32802

DO NOT WRITE IN THIS SPACE



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2117465 Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U00000326253
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 ORANGBE 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: E. Jay Strates 4-13-05 407-855-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #