

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F56488

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: CCT WEST COAST, INC.

**Current Principal Place of Business:**

11095 HEARTH RD  
SPRING HILL, FL 34608 US

**New Principal Place of Business:**

**Current Mailing Address:**

11095 HEARTH RD  
SPRING HILL, FL 34608 US

**New Mailing Address:**

FEI Number: 59-2140381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FYOCKY, SHERRILYN  
14437 COUNTY LINE RD  
SPRING HILL, FL 34604 US

**Name and Address of New Registered Agent:**

FYOCK, SHERRILYN  
5332 BARCLAY AVE  
BROOKSVILLE, FL 34609 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: SHERRILYN C FYOCK      04/05/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FYOCK, FRANK N, JR,  
Address: 14437 COUNTY LINE RD  
City-St-Zip: SPRING HILL, FL 34604

Title: D ( ) Delete  
Name: FYOCK, SHERRILYN C,  
Address: 14437 COUNTY LINE RD  
City-St-Zip: SPRING HILL, FL 34604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: FYOCK, FRANK N, JR,  
Address: 5332 BARCLAY AVE  
City-St-Zip: BROOKSVILLE, FL 34609

Title: D (X) Change ( ) Addition  
Name: FYOCK, SHERRILYN C,  
Address: 5332 BARCLAY AVE  
City-St-Zip: BROOKSVILLE, FL 34609

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: SHERRILYN C FYOCK      D      04/05/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date