

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90199 030 ***150.00

DOCUMENT # J20161

1. Entity Name

WESTCOAST ASSOCIATES, INC.



Principal Place of Business

32548 GREENWOOD LOOP
ZEPHYRHILLS FL 33544

Mailing Address

32548 GREENWOOD LOOP
ZEPHYRHILLS FL 33544

2. Principal Place of Business - No P.O. Box #

32548 GREENWOOD LOOP

3. Mailing Address

P.O. BOX 1187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FLORIDA

City & State

SAN ANTONIO, FLORIDA

4. FEI Number

59-2685302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOGLE, GEORGIA M.
32548 GREENWOOD LOOP
ZEPHYRHILLS FL 33544

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
FD
FOGLE, ROBERT F.
32548 GREENWOOD LOOP
ZEPHYRHILLS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
TSP
FOGLE, ROBERT F.
32548 GREENWOOD LOOP
ZEPHYRHILLS FL 33544

☐ Delete

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☐ Change ☐ Addition

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

Robert F. Fogle
ROBERT F. FOGLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352)
206-0145