

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90418 047 ***150.00



DOCUMENT # K28285
 1. Entity Name
FLORIDA WEST COAST REALTY, INC.

Principal Place of Business Mailing Address
~~1499 S MCCALL RD SUITE C~~ 17 SPORTSMAN PLACE
 ENGLEWOOD FL 34224 ROTONDA WEST FL 33947



2. Principal Place of Business 3. Mailing Address
659 S. INDIANA
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
Englewood FL
 Zip Country
34223 *Charlotte*

4. FEI Number Applied For
65-0062551 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEACH, WANDA J
1499 SOUTH MCCALL RD
SUITE C
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent
 Name *Wanda J Leach*
 Street Address (P.O. Box Number Not Acceptable)
659 S. Indiana Ave
 City *Englewood* FL Zip Code *34223*

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 *Wanda Leach*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LEACH, RODGER L	
STREET ADDRESS	1499 S MCCALL RD STE C	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	PS	<input type="checkbox"/> Delete
NAME	LEACH, WANDA J	
STREET ADDRESS	1499 S MCCALL RD STE C	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Leach, Rodger L</i>	
STREET ADDRESS	<i>659 S. Indiana</i>	
CITY-ST-ZIP	<i>Englewood, FL 34223</i>	
TITLE	P. Leach, Wanda J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Wanda J Leach</i>	
STREET ADDRESS	<i>659 S. Indiana</i>	
CITY-ST-ZIP	<i>Englewood FL 34223</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Wanda Leach* Date *4-14-2006* Daytime Phone # *941-286-9672*