


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90070 034 \*\*\*150.00

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



Principal Place of Business: ~~659 S INDIANA~~  
 ENGLEWOOD, FL 34223

Mailing Address: 17 SPORTSMAN PLACE  
 ROTONDA WEST, FL 33947

40064401

2. Principal Place of Business - No P.O. Box #  
 17 Sportsman Place  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01172007 Chg-P CR2E034 (12/06)

City & State: Rotonda West FL

Zip: 33947 Country: USA

4. FEI Number: 65-0062551  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
 LEACH, WANDA J  
 659 S INDIANA AVD  
 7  
 ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent  
 Name: Leach, Wanda J  
 Street Address (P.O. Box Number is Not Acceptable):  
17 Sportsman Place  
 City: Rotonda West FL Zip Code: 33947

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 J. Leach - P/s DATE: 2/5/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | VPT                 | <input type="checkbox"/> Delete |
| NAME           | LEACH, RODGER L     |                                 |
| STREET ADDRESS | 659 S INDIANA       |                                 |
| CITY-ST-ZIP    | ENGLEWOOD, FL 34223 |                                 |
| TITLE          | PS                  | <input type="checkbox"/> Delete |
| NAME           | LEACH, WANDA J      |                                 |
| STREET ADDRESS | 659 S INDIANA       |                                 |
| CITY-ST-ZIP    | ENGLEWOOD, FL 34223 |                                 |
| 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          |  | <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    |  |                                                                   |
| 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 Chapter 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 J. Leach DATE: 2/5/2007 DAYTIME PHONE #: 941-697-4282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR