


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. |  |
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| Principal Place of Business 659 S INDIANA ENGLEWOOD, FL 34223 | Mailing Address 17 SPORTSMAN PLACE ROTONDA WEST, FL 33947 |
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|---|---------------------|
| 2. Principal Place of Business - No P.O. Box # 17 Sportsman Place | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--|-----------------------|
| City & State Rotonda West FL | City & State |
| Zip 33947 | Country USA |

40064401



01172007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 65-0062551 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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

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|---|-----------------------------|
| 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** (NOTE: Registered Agent signature required when reinstating) DATE **2/5/2007**

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT LEACH, RODGER L 659 S INDIANA ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS LEACH, WANDA J 659 S INDIANA ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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** **2/5/2007** **941-697-4282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #