

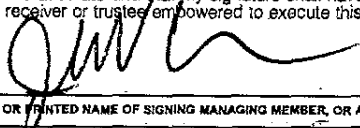


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # L03000043045		
1. Entity Name WEST COAST INDUSTRIAL SERVICES, LIMITED LIABILITY COMPANY		
Principal Place of Business 5689 INDUSTRIAL BLVD MILTON, FL 32583		Mailing Address 5689 INDUSTRIAL BLVD MILTON, FL 32583
DO NOT WRITE IN THIS SPACE		
		 03162006No Chg-LLC CR2E083 (11/05)
4. FEI Number 20-0367178		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
MYSLAK, JOHN V 5689 INDUSTRIAL BLVD MILTON, FL 32583		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
1100000477605 04/06/06-80057-024 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MYSLAK, JOHN V 5689 INDUSTRIAL BLVD MILTON, FL 32583	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DAVIS, BRADLEY A 5689 INDUSTRIAL BLVD MILTON, FL 32583	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BAGGET, JOHNNY 5689 INDUSTRIAL BLVD MILTON, FL 32583	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  3/20/06 850-983-3618		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		