2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L08593

1. Entity Name
FLORIDA WEST COAST, INC.

Principal Place of Business	Mailing Address
10181 SIX MILE CYPRESS PARKWAY #A FORT MYERS, FL 33912	10181 SIX MILE CYPRESS PARKWAY #A FORT MYERS, FL 33912

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0140473
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAGEN, JAMES L.
10181 SIX MILE CYPRESS PARKWAY
FT. MYERS, FL 33912

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	HAGEN, JAMES L.
STREET ADDRESS	10181 SIX MILE PARKWAY
CITY-ST-ZIP	FORT MYERS, FL
TITLE	DVP
NAME	PALEN, HOWARD E.
STREET ADDRESS	10181 SIX MILE PARKWAY
CITY-ST-ZIP	FORT MYERS, FL
TITLE	DP
NAME	MAST, DALE M.
STREET ADDRESS	16101 OLD UD HWY 41
CITY-ST-ZIP	FORT MYERS, FL
TITLE	DT
NAME	MANN, RANDALL
STREET ADDRESS	218 W. ADAMS ST
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	MOORE, JAMES W.
STREET ADDRESS	16513 BARTOW BLVD.
CITY-ST-ZIP	FT. MYERS, FL
TITLE	D
NAME	NEWTON, RUSSELL B., JR.
STREET ADDRESS	217 W. ADAMS ST.
CITY-ST-ZIP	JACKSONVILLE, FL

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01/30/06-80056-015 150.00

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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: Howard Palen 1-5-06 239-218-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #