2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68973

FILED Jun 20, 2006 Secretary of State

Entity Name: WEST COAST ASSOCIATES OF TAMPA, INC.

Current Principal Place of Business:			New Principal Plac		
	TH STREET				
2720 N. 36 TAMPA, FL					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	NO ESTATES D FL 33556 U				
El Number:	59-2999128	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	Address of Cu	ırrent Registered Agent:	Name and Address	s of New Registered Agent:	
7510 GUN	ALVADOR NN HIGHWAY FL 33556 U:	S			
	named entity su of Florida.	ubmits this statement for the p	ourpose of changing its registe	red office or registered agent, or both	
IGNATUF	o⊏.				
011/11/01	· L.				
	Electronic	c Signature of Registered Ag	ent	Date	
ection Can	Electronic	Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTO	
lection Can	Electronic	Trust Fund Contribution ().		GES TO OFFICERS AND DIRECTO	
ection Can FFICERS tle: ame:	Electronic paign Financing AND DIRECT P () I CIMINO, DORIS	Trust Fund Contribution (). ORS: Delete E	ADDITIONS/CHAN Title: Name:		
ection Can FFICERS tle: ame: ddress:	Electronic	Trust Fund Contribution (). ORS: Delete E STATES DRIVE	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTO	
ection Can FFICERS ele: ame: ldress: ty-St-Zip:	Electronic	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556	ADDITIONS/CHAN Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTO () Change () Addition	
ection Can FFICERS le: ime: dress: ry-St-Zip: le:	Electronic	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTO	
FFICERS le: Ime: Idress: Ity-St-Zip: le: Ime: Idress: Idress:	Electronic	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete DOR STATES DRIVE	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTO () Change () Addition	
FFICERS Le: Le: Ldress: Ldy-St-Zip: Le: Ldress: Ldress: Ldress: Ldress:	Electronic	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete DOR STATES DRIVE	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name:	GES TO OFFICERS AND DIRECTO () Change () Addition	
FFICERS le: ame: ldress: ty-St-Zip: le: ame: ldress: ty-St-Zip:	Electronic Electronic Plants Financing S AND DIRECT P () If CIMINO, DORIS 8420 CIMINO ES ODESSA, FL 33 ST () If CIMINO, SALVAI 8420 CIMINO ES ODESSA, FL 33 P () If CIMINO ES ODESSA, FL 33	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete DOR STATES DRIVE 556 Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	GES TO OFFICERS AND DIRECTO () Change () Addition	
ection Can FFICERS tle: ame: Idress: ty-St-Zip: tle: ame: Idress: ty-St-Zip:	Electronic Electronic Plants Financing Financi	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete DOR STATES DRIVE 556 Delete DOR STATES DRIVE	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	GES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	
FFICERS tle: ame: Idress: ty-St-Zip: tle: ame: Idress: ty-St-Zip:	Electronic Electronic Plants Financing S AND DIRECT P () If CIMINO, DORIS 8420 CIMINO ES ODESSA, FL 33 ST () If CIMINO, SALVAI 8420 CIMINO ES ODESSA, FL 33 P () If CIMINO ES ODESSA, FL 33	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete DOR STATES DRIVE 556 Delete E OPER DRIVE 556 Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	GES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	
FFICERS tle: ame: ddress: ty-St-Zip: tle: ame: ddress: ty-St-Zip: tle: ame: ddress: ty-St-Zip:	Electronic Electronic Plants Financing Financi	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete DOR STATES DRIVE 556 Delete E YY 556	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	
FFICERS tle: ame: ddress: ty-St-Zip: tle: ame: ddress: ty-St-Zip: tle: ame: ddress: ty-St-Zip:	Electronic Electronic Paign Financing S AND DIRECT P () I CIMINO, DORIS 8420 CIMINO ES ODESSA, FL 33 ST () I CIMINO, SALVAL 8420 CIMINO ES ODESSA, FL 33 P () I CIMINO, DORIS 17510 GUNN HWODESSA, FL 33 S () I CIMINO, SALVAL SALVA	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete DOR STATES DRIVE 556 Delete E /// 556 Delete E /// 556 Delete DOR	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition () Change () Addition	
ection Can FFICERS tle: ame: ddress: ty-St-Zip: tle: ame: ddress: ty-St-Zip: tle: ame: ddress: ty-St-Zip: tle: ame: ddress: ty-St-Zip:	Electronic Electronic Paign Financing S AND DIRECT P () I CIMINO, DORIS 8420 CIMINO ES ODESSA, FL 33 ST () I CIMINO, SALVAE 8420 CIMINO ES ODESSA, FL 33 P () I CIMINO, DORIS 17510 GUNN HW ODESSA, FL 33 S () I CIMINO, SALVAE 17510 GUNN HIO	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete DOR STATES DRIVE 556 Delete E //Y 556 Delete E //Y 556 Delete E //Y 557 Delete BHWAY	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition () Change () Addition	
lection Can FFICERS tle: ame: ddress: tty-St-Zip: tle: ame: ddress: tty-St-Zip: tle: ame: ddress: tty-St-Zip: tte: ame: ddress:	Electronic Electronic Paign Financing S AND DIRECT P () I CIMINO, DORIS 8420 CIMINO ES ODESSA, FL 33 ST () I CIMINO, SALVAL 8420 CIMINO ES ODESSA, FL 33 P () I CIMINO, DORIS 17510 GUNN HWODESSA, FL 33 S () I CIMINO, SALVAL SALVA	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete DOR STATES DRIVE 556 Delete E //Y 556 Delete E //Y 556 Delete E //Y 557 Delete BHWAY	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition () Change () Addition	
lection Can IFFICERS tle: ame: ddress: ity-St-Zip:	Electronic Electronic Paign Financing S AND DIRECT P () If CIMINO, DORIS 8420 CIMINO ES ODESSA, FL 33 ST () If CIMINO, SALVAE 8420 CIMINO ES ODESSA, FL 33 P () If CIMINO, DORIS 17510 GUNN HW ODESSA, FL 33 S () If CIMINO, SALVAE 17510 GUNN HIGODESSA, FL 33 P () If CIMINO, SALVAE 17510 GUNN HIGODESSA, FL 33 P () If CIMINO, SALVAE 17510 GUNN HIGODESSA, FL 33 P () If CIMINO, SALVAE 17510 GUNN HIGODESSA, FL 33 P () If CIMINO, SALVAE 17510 GUNN HIGODESSA, FL 33 P () If CIMINO, SALVAE 17510 GUNN HIGODESSA, FL 33 P () If CIMINO, SALVAE 17510 GUNN HIGODESSA, FL 33 P () If CIMINO, SALVAE 17510 GUNN HIGODESSA, FL 33 P () If CIMINO, SALVAE 17510 GUNN HIGODESSA, FL 33 P () If CIMINO, SALVAE 17510 GUNN HIGODESSA, FL 33 P () If CIMINO, SALVAE 17510 GUNN HIGODESSA, FL 33 P () If CIMINO P ()	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete OOR STATES DRIVE 556 Delete E // // // // // // // // // // // // /	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition () Change () Addition	
lection Can	Electronic Electronic Paign Financing S AND DIRECT P () If CIMINO, DORIS 8420 CIMINO ES ODESSA, FL 33 ST () If CIMINO, SALVAR 8420 CIMINO ES ODESSA, FL 33 P () If CIMINO, DORIS 17510 GUNN HM ODESSA, FL 33 S () If CIMINO, SALVAR 17510 GUNN HIGODESSA, FL 33	Trust Fund Contribution (). ORS: Delete E STATES DRIVE 556 Delete DOR STATES DRIVE 556 Delete E NY 556 Delete E OOR SHWAY 556 Delete DOR SHWAY 556	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DORIS E. CIMINO	P	06/20/2006