

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:

2720 N. 36TH STREET
2720 N. 36TH ST.
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

8420 CIMINO ESTATES DRIVE
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-2999128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIMINO, SALVADOR
17510 GUNN HIGHWAY
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CIMINO, DORIS E
Address: 8420 CIMINO ESTATES DRIVE
City-St-Zip: ODESSA, FL 33556

Title: ST () Delete
Name: CIMINO, SALVADOR
Address: 8420 CIMINO ESTATES DRIVE
City-St-Zip: ODESSA, FL 33556

Title: P () Delete
Name: CIMINO, DORIS E
Address: 17510 GUNN HWY
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: CIMINO, SALVADOR
Address: 17510 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556

Title: P () Delete
Name: CIMINO, DORIS E
Address: 17510 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date