


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97132</b> 1. Entity Name WEST COAST SALES INC.	
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Principal Place of Business 11350 E COLONIAL DRIVE ORLANDO, FL 32817 US	Mailing Address 11350 E COLONIAL DRIVE ORLANDO, FL 32817 US
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**DO NOT WRITE IN THIS SPACE**

04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0220652	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT R. SACKMAN  
11350 E COLONIAL DRIVE  
ORLANDO, FL 32817

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000913270  
 05/08/08-80009-014 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SACKMAN, SCOTT R. 11350 E COLONIAL DRIVE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SACKMAN, SCOTT R. 11350 E COLONIAL DRIVE ORLANDO, FL 32817
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 407-275-5554  
Date Daytime Phone #