


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90038 018 \*\*\*\*61.25

**DOCUMENT # N28939**  
1. Entity Name  
**FLORIDA WEST COAST REGION AACA, INC.**



Principal Place of Business: **428 E. ORANGE ST. TARPON SPRINGS FL 34689 US**  
Mailing Address: **428 E. ORANGE ST. TARPON SPRINGS FL 34689 US**



1st MOORE CR2E037 (10/05)

2. Principal Place of Business: **14968 IMPERIAL POINT DR. N. LARGO, FL 33774 PINELLAS**  
3. Mailing Address: **14968 IMPERIAL POINT DR. N. LARGO, FL 33774 PINELLAS**

4. FEI Number: **59-2682346** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**BAILEY, CHRISTOPHER T  
428 E. ORANGE ST.  
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent  
Name: **JOHN BLACKARD**  
Street Address (P.O. Box Number is Not Acceptable): **14968 IMPERIAL PT. DR. N**  
City: **LARGO** State: **FL** Zip Code: **33774**

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: *John Blackard*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

**FILE NOW. FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: V NAME: BLACKARD, JOHN STREET ADDRESS: 14968 IMPERIAL PT DR. NO CITY-ST-ZIP: LARGO FL 33774	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: GOLDFOOT, ARNOLD STREET ADDRESS: 474 NORTH AVE N CITY-ST-ZIP: SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE: T NAME: GOLDFOOT, ARNOLD STREET ADDRESS: 474 40 TH AVE N CITY-ST-ZIP: SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE: P NAME: BAILEY, CHRIS STREET ADDRESS: 428 E ORANGE ST CITY-ST-ZIP: TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: BEVILLE, CHARLES STREET ADDRESS: 2955 UNION ST. CITY-ST-ZIP: CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: LEWIS, GAYLA STREET ADDRESS: 2748 RESNICK CIRCLE E CITY-ST-ZIP: PALM HARBOR FL 34683	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: CHARLES BEVILLE STREET ADDRESS: 2955 UNION ST CITY-ST-ZIP: CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: JOHN BLACKARD STREET ADDRESS: 14968 IMPERIAL PT. DR N CITY-ST-ZIP: LARGO, FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIRECTOR NAME: CHRISTOPHER T. BAILEY STREET ADDRESS: 428 E. ORANGE ST. CITY-ST-ZIP: TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *John Blackard* 3/11/06 727-595-7554