

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001490

FILED  
May 01, 2009  
Secretary of State

Entity Name: WESTCOAST ENRICHMENT SERVICES INC.

**Current Principal Place of Business:**

2060 COLLIER AVE  
STE 11  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

9790 BLUE STONE CIR  
FT MYERS, FL 33913

**New Mailing Address:**

FEI Number: 65-0902118      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**      **Name and Address of New Registered Agent:**

JOHNSON, DENISE  
9790 BLUE STONE CIR  
FT MYERS, FL 33913 US

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JOHNSON, DENISE  
Address: 9790 BLUE STONE CIR  
City-St-Zip: FT MYERS, FL 33913

Title: O ( ) Delete  
Name: JOHNSON, ERIC  
Address: 9790 BLUE STONE CIR  
City-St-Zip: FT MYERS, FL 33913

Title: O ( ) Delete  
Name: CHESTER, EDWARD M  
Address: 2060 COLLIER AVE  
City-St-Zip: FT MYERS, FL 33901

**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:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE JOHNSON

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date