

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039024

FILED
Jul 13, 2006
Secretary of State

Entity Name: WEST COAST INSURANCE BROKERS, INC.

Current Principal Place of Business:

314 - 6TH AVENUE NORTH
SUITE A
TIERRA VERDE, FL 33715

New Principal Place of Business:

Current Mailing Address:

314 - 6TH AVENUE NORTH
SUITE A
TIERRA VERDE, FL 33715

New Mailing Address:

FEI Number: 59-3639546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, O. LARRY
314 - 6TH AVENUE NORTH
SUITE A
TIERRA VERDE, FL 33715 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COMBS, O. LARRY
Address: 314 6TH AVE. NORTH, SUITE A
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: OWEN L COMBS

PRES

07/13/2006

Electronic Signature of Signing Officer or Director

Date