2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000011408

1. Entity Name
WEST COAST AIR, INC.

Principal Place of Business	Mailing Address
8331 FOUNTAIN LANE TAMPA, FL 33615	8331 FOUNTAIN LANE TAMPA, FL 33615

DO NOT WRITE IN THIS SPACE

02282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3695930	Not Applicable

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

6. Name and Address of Current Registered Agent

SLAMAN, EDWARD M
8331 FOUNTAIN LANE
TAMPA, FL 33615

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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 _Edward M Slaman_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

DATE **3-1-05**

FILE NOW!!! FEE I$ $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SLAMAN, EDWARD M
STREET ADDRESS	8331 FOUNTAIN LANE
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000255805
03/08/05-80030-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Edward M Slaman_   **3-1-05** (813) 881-0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #