

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000038329**

1. Entity Name  
**WESTCOAST SERVICES OF MANATEE, INC.**



Principal Place of Business  
**5923 5TH ST. E.  
BRADENTON, FL 34203**

Mailing Address  
**5923 5TH ST. E.  
BRADENTON, FL 34203**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1109919**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MEISSNER, GREGORY C ESQ  
1111 THIRD AVE. W. STE. 150  
BRADENTON, FL 34205**

**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**

**U00000944927  
05/29/08-80121-005 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	PRATS, JAMES
STREET ADDRESS	5923 5TH ST. E.
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	DVS
NAME	ROWLAND, JOHN
STREET ADDRESS	3716 5TH AVE. W.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

*James Prats*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-08 941 232 0224**

Date

Daytime Phone #