

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90041 044 ***150.00

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1. Entity Name
WEST COAST REAL ESTATE CONSULTANTS, INC.



Principal Place of Business
**5200 OCEAN BLVD
SARASOTA, FL 34242**

Mailing Address
**5200 OCEAN BLVD
SARASOTA, FL 34242**

40045857



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0553538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CARSON, S. DUDLEY
5200 OCEAN BLVD
SARASOTA, FL 34242**

**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

10. OFFICERS AND DIRECTORS

TITLE	D PR
NAME	CARSON, S DUDLEY
STREET ADDRESS	5200 OCEAN BLVD
CITY-ST-ZIP	SARASOTA, FL 34242

TITLE	D VP
NAME	CARSON, RYAN T.
STREET ADDRESS	5200 CCEAN BLVD
CITY-ST-ZIP	SARASOTA, FL 34242

TITLE	Secretary
NAME	Paul Svilokos
STREET ADDRESS	5200 Ocean Blvd
CITY-ST-ZIP	Sarasota, FL 34242

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08

Date

Daytime Phone #