


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90126 013 ***150.00

DOCUMENT # P01000113251	
1. Entity Name WEST COAST HOMES REALTY, INC.	

Principal Place of Business 6811 STAGGERBRUSH GLEN BRADENTON, FL 34202	Mailing Address 6811 STAGGERBRUSH GLEN BRADENTON, FL 34202
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2. Principal Place of Business 6811 STAGGERBRUSH GLEN	3. Mailing Address 6811 STAGGERBRUSH GLEN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

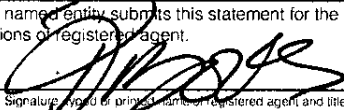
City & State BRADENTON, FL	City & State BRADENTON, FL
Zip 34202	Zip 34202
Country	Country

04122004	Chg-P	CR2E034 (10/03)
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4. FEI Number 65-1158399	Applied For Not Applicable
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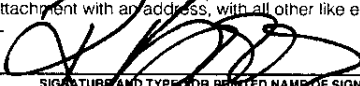
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOOS, REBEKAH 5036 CREEKSIDE TRAIL SARASOTA, FL 34243	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6811 STAGGERBRUSH GLEN City BRADENTON FL Zip Code 34202	
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 	Rebekah Boos 4/16/04 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BOOS, REBEKAH 5036 CREEKSIDE TRAIL SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6811 STAGGERBRUSH GLEN BRADENTON, FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Rebekah Boos 4/16/04 DATE