## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DÖCUMENT # P01000114901 1. Entity Name WEST COAST REALTY & DEVELOPMENT, INC.



Mailing Address

1014 COUNTRY CLUB BLVD. SUITE 1 CAPE CORAL, FL 33990

Principal Place of Business

9811 CAPSTAN COURT FORT MYERS, F 33919

## FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90233 001 \*\*\*300.00

QCOUTUOOQ



03072006

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0555133

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

239-573-5140

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DE ROSSO, BART J 9811 CAPSTAN COURT FORT MYERS, FL 33919

SIGNATURE:

## 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 wh					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campa Trust Fund Cont			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE ROSSO, BART J 9811CAPSTAN COURT FORT MYERS, FL 33919				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME ** STREET ADDRESS CITY-ST-ZIP	•		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

NAME OF SIGNING OFFICER OR DIRECTOR