

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

UBR 2005
CORPORATION
~~SECRETARY OF STATE~~
Annual Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -4 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050408

1. Corporation Name

West Coast Consultants, Inc

2. Principal Office Address

14809 Farnham Way

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

USA

3. Mailing Office Address

14809 Farnham Way

Suite, Apt. #, etc.

City & State

Tampa

Zip

33624

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

May 8, 2002

5. FEI Number

38-3648282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Chester M. Loney

Street Address (P.O. Box Number is Not Acceptable)

14809 Farnham Way

Suite, Apt. #, Etc.

City

Tampa

100054519001

05/13/05--01052--024 **150.00

State

FL

Zip Code

33624

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Chester M. Loney
REGISTERED AGENT MUST SIGN

Date 05/28/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pt	Chester M. Loney	14809 Farnham Way	Tampa, FL 33624

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Chester M. Loney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 8139681283
Date Daytime Phone #

CR2E031 (01/05)