2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90059 026 ***150.00

94012524

01272004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000036966

1. Entity Name
WEST COAST MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
23 GRAND AVENUE FARMINGDALE, NY 11735	23 GRAND AVENUE FARMINGDALE, NY 11735

2. Principal Place of Business		3. Mailing Address	
5926 Jet Port Indust. Blvd		5926 Jet Port Indust. Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa		City & State: Tampa Fl.	
Zip: Fla	Country: USA	Zip: 33634	Country: USA

4. FEI Number 41-2088006 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BASILE, MARYANN
14661 US1 JUNO BEACH CONDOS
30
JUNO BEACH, FL 33408

7. Name and Address of New Registered Agent

Name: Salvatore J. Basile
Street Address (P.O. Box Number is Not Acceptable): 10555 Greensprings Dr.
City: Tampa FL Zip Code: 33626

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] pr DATE: 1/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BASILE, SALVATORE J 23 GRAND AVENUE FARMINGDALE, NY 11735	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Basile, Salvatore J. 10555 Greensprings Dr. Tampa Fla 33626	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MANCUSO, GARY 23 GRAND AVENUE FARMINGDALE, NY 11735	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Mancuso, Gary 10406 Greenhedges Dr. Tampa Fla 33626	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] pr — Date: 1/27/04 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR