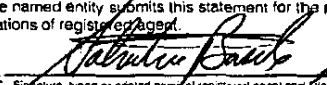


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90059 026 ***150.00

DOCUMENT # P03000036966					
1. Entity Name WEST COAST MANAGEMENT CORPORATION					
Principal Place of Business 23 GRAND AVENUE FARMINGDALE, NY 11735			Mailing Address 23 GRAND AVENUE FARMINGDALE, NY 11735		
2. Principal Place of Business 5926 Jet Port Indust. Blvd			3. Mailing Address 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:  DATE: 1/27/04 (NOTE: Registered Agent's 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 10400 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: 			1/27/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

94012524



01272004 Chg-P CR2E034 (10/03)