

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000046534 1. Entity Name WEST COAST INDEPENDENCE INC.			
Principal Place of Business 235 MAIN ROAD LAKE MARY, FL 32746		Mailing Address 235 MAIN ROAD LAKE MARY, FL 32746	
DO NOT WRITE IN THIS SPACE		 04272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 16-1665021 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIN, PHILIP 235 MAIN ROAD LAKE MARY, FL 32746		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000561975 05/19/06-80037-007 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUBIN, PHILIP 235 MAIN ROAD LAKE MARY, FL 32746		
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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. SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Philip Rubin <small>Date</small> _____ <small>Printing Name</small> _____			