

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90027 022 ***150.00

DOCUMENT # P03000124870 1. Entity Name WEST COAST PAINTING CONTRACTORS, INC.			
Principal Place of Business 1025 GARFIELD AVENUE MASARYKTOWN, FL 34604		Mailing Address 1025 GARFIELD AVENUE MASARYKTOWN, FL 34604	
2. Principal Place of Business 23126 Aylesboro Suite, Apt. #, etc.		3. Mailing Address 23126 Aylesboro Suite, Apt. #, etc.	
City & State Brooksville, FL Zip 34602 Country USA		City & State Brooksville, FL Zip 34602 Country USA	
4. FEI Number 20-0379083		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent RUMPER, HARRY J JR 1025 GARFIELD AVENUE MASARYKTOWN, FL 34604		7. Name and Address of New Registered Agent Name Harry J. Rumper, Jr. Street Address (P.O. Box Number is Not Acceptable) 23126 Aylesboro City Brooksville FL Zip Code 34602	
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)			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD RUMPER, HARRY J JR 1025 GARFIELD AVENUE MASARYKTOWN, FL 34604	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD RUMPER, HARRY J, JR. 23126 Aylesboro Brooksville, FL 34602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:		8/31/06 727-457-9191 Date Daytime Phone #	