

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128144

FILED  
Feb 26, 2008  
Secretary of State

Entity Name: WEST COAST TIRE AND REPAIR, INC

**Current Principal Place of Business:**

5020 BAYLINE DRIVE  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 3353  
NORTH FORT MYERS,, FL 33918

**New Mailing Address:**

FEI Number: 65-0450252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERRY, FLEISCHER  
631 S.E. 34TH STREET  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBITAILLE, ROBERT  
Address: 17271 SLATER ROAD  
City-St-Zip: N FORT MYERS, FL 33917 LE

Title: S/TR ( ) Delete  
Name: WILE, ROGER  
Address: 1730E. MARIANNA AVE  
City-St-Zip: NORTH FORT MYERS, FL 33917 LE

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER WILE

S/TR

02/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date