## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 12, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P04000038106  1. Entity Name WEST COAST PROPERTY RENEWAL INC.							09-12-2008 90002 038 ***150.00				
Principal Place of Business 3661 YELLOW WOOD PL. SARASOTA, FL 34241 US			3	ailing Address 1661 YELLOW WOOD F ARASOTA, FL 34241		4017					
2. Principal Place of Business - No P.O. Box #			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			09102008	Chg-P	CR2E0	34 (12/06)	
City & State				City & State		4. FEI Numb <del>03-950</del>		·5575'		plied For t Applicable	
Zip Country				Zip	Coun	try		of Status Desired	U .	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New F	Registered A	lgent"	<del>,</del> ,
FRENCH, GARRY J JR. 3661 YELLOW WOOD PL. SARASOTA, FL 34241						Street Address (P.O. Box Number is Not Acceptable)					
					City				Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registere						_	stered agent, or bo	th. in the State of Fl	FL orida, Lam I		
the obligat	tions of regis					d Agent signature requi		· · · · · · · · · · · · · · · · · · ·	DATE		
FILE NOWIII FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Finan Trust Fund Contribution.						·	55.00 May Be dded to Fees	In accordance corporation did	with s. 607 not receive	.193(2)(b), e the prior r	F.S., the notice.
10.	l p	OFFICERS	AND DIRE		11.		ADDITIONS	CHANGES TO OFF	FICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3661 YEL	, GARRY J JR. LLOW WOOD PL. TA, FL 34241		☐ Delete	1					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Detete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		<b>I</b>				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		<b>I</b>				Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP				□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition
indicated of the cor	l on this repo poration or t	rt or supplemental re he receiver or trustee	port is true empowere	iling does not qualify to and accurate and that r d to execute this report Il other like empowered	my signa : as requi	ture shall have th red by Chapter 6	ne same legal effer	ct as if made under	oath: that I a	ım an officer	or director