


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90023 010 \*\*\*150.00

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<b>DOCUMENT # P04000104845</b>					
1. Entity Name <b>WEST COVE PARTNERS, INC.</b>					
Principal Place of Business <b>11 EAST FORSYTH STREET #906 JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>11 EAST FORSYTH STREET #906 JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business <b>2761 White Oak Lane</b>			3. Mailing Address <b>2761 White Oak Lane</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Jacksonville, FL 32207</b>			City & State <b>Jacksonville, FL</b>		
Zip <b>32207</b>	Country <b>USA</b>	Zip <b>32207</b>	Country <b>USA</b>	4. FEI Number <b>81-0652422</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>TOOL, STEPHEN J JR. 11 EAST FORSYTH STREET #906 JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name <b>Tool, Stephen J, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2761 White Oak Lane</b> City <b>Jacksonville</b> FL Zip Code <b>32207</b>	
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 <u>Stephen J. Tool Jr.</u> <b>Stephen J. Tool Jr.</b> <u>01/17/2006</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOOL, STEPHEN J JR. 11 EAST FORSYTH STREET #906 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tool, Stephen J. Jr. 2761 White Oak Lane Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEUTHOLD, WILLIAM A 2736 HERSCHEL STREET JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, SHIRLEY A 2761 WHITE OAK LANE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Russell, Shirley A. 840 Mill Stream Road Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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		
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: <u>Stephen J. Tool Jr.</u> <b>Stephen J. Tool Jr.</b> <u>01/17/2006</u> <b>904/699.4295</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					