

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90084 036 ***150.00

DOCUMENT # P05000009683

1. Entity Name
WE DO IT ALL WESTCOAST., INC.



Principal Place of Business
**7821 BLACKSTONE DR.
PORT RICHEY, FL 34668**

Mailing Address
**7821 BLACKSTONE DR.
PORT RICHEY, FL 34668**



2. Principal Place of Business
15851 OLNEY LANE
Suite, Apt. #, etc.

3. Mailing Address
15851 OLNEY LANE
Suite, Apt. #, etc.

City & State
SPRING HILL, FL.
Zip
34610
Country
PASCO

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SPRING HILL, FL.
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34610
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04122006 Chg-P CR2E034 (11/05)

4. FEI Number
54-2166668

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STRANG, MICHAEL
7821 BLACKSTONE DR.
PORT RICHEY, FL 34668**

7. Name and Address of New Registered Agent

Name **MICHAEL STRANG**
Street Address (P.O. Box Number is Not Acceptable)
15851 OLNEY LANE
City **SPRING HILL** FL Zip Code **34610**

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 **MICHAEL STRANG**
Signature, typed or printed name of registered agent and title if applicable.

Michael Strang
(NOTE: Registered Agent signature required when reinstating)

4-14-2006
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STRANG, MICHAEL 7821 BLACKSTONE DR. PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES STRANG, MICHAEL 7821 BLACKSTONE DR. PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MICHAEL, STRANG 7821 BLACKSTONE DR. PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MICHAEL STRANG 15851 OLNEY LA. SPRING HILL, FL 34610	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. MICHAEL STRANG 15851 OLNEY LA. SPRING HILL, FL 34610	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MICHAEL STRANG 15851 OLNEY LA. SPRING HILL, FL 34610	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Michael Strang*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-06 7278561891