

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90401 033 ***150.00

DOCUMENT # P05000017209

1. Entity Name

WEST COAST WATCH & JEWELRY SERVICES, INC.



Principal Place of Business

Mailing Address

417 NE 23RD AVENUE
CAPE CORAL FL 33909

417 NE 23RD AVENUE
CAPE CORAL FL 33909



2. Principal Place of Business

4125 CLEVELAND AVE

3. Mailing Address

417 NE 23RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4125 CLEVELAND AVE

City & State

City & State

FT. MYERS FLORIDA

CAPE CORAL FLORIDA

Zip

Country

Zip

Country

33901

USA

33909

USA

4. FEI Number

20-2277110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVILA, ERNEST C
417 NE 23RD AVENUE
CAPE CORAL FL 33909

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTVP ☐ Delete
NAME AVILA, ERNEST C
STREET ADDRESS 417 NE 23RD AVENUE
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Change ☒ Addition
NAME V CHRISTINA J. AVILA
STREET ADDRESS 417 NE 23RD AVE
CITY-ST-ZIP CAPE CORAL, FL. 33909

TITLE S ☐ Delete
NAME AVILA, ERNEST C
STREET ADDRESS 417 NE 23RD AVENUE
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

Ernest C. Avila

3/26/06

239-896-8332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #