

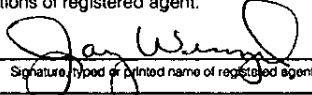
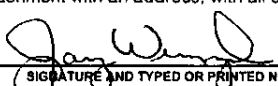


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90202 022 ***150.00

DOCUMENT # P05000089497 1. Entity Name WEST COAST PROPERTY INSPECTION, INC.					
Principal Place of Business 8420 ULMERTON RD SUITE 430 LARGO, FL 33771 US			Mailing Address 8420 ULMERTON RD SUITE 430 LARGO, FL 33771 US		
2. Principal Place of Business - No P.O. Box # 3043 SAVANNAH OAKS CIR.		3. Mailing Address 2519 McMULLEN BOOTH RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. SUITE 510 BOX 267		04282008 Chg-P CR2E034 (12/06)	
City & State TARPON SPRINGS, FL		City & State CLEARWATER, FL		4. FEI Number 20-3039993	
Zip 34688		Zip 33761		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country US		Country US		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WENZEL, JOHN J 3043 SAVANNAH OAKS CIRCLE TARPON SPRINGS, FL 34688				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 		JOHN J. WENZEL PRES.		4-28-08 DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> P WENZEL, JOHN J 3043 SAVANNAH OAKS CIRCLE TARPON SPRINGS, FL 34688 </div> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> VP T TAYLOR, RONALD E 8420 ULMERTON RD SUITE 430 LARGO, FL 33771 </div> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> S WENZEL, EMILY B 3043 SAVANNAH OAKS CIRCLE TARPON SPRINGS, FL 34688 </div> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <input type="checkbox"/> Delete </div>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
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: 		JOHN J WENZEL PRES.		4-28-08 727.432.7794 Date Daytime Phone #	
Signature and typed or printed name of signing officer or director					