



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90079 009 ***150.00

DOCUMENT # P05000111124 1. Entity Name WEST COAST AUTO DETAILING INC					
Principal Place of Business 3106 21ST STREET NO ST. PETERSBURG, FL 33713			Mailing Address 3106 21ST STREET NO ST. PETERSBURG, FL 33713		
2. Principal Place of Business 1120 Monticello blvd N Suite, Apt. #, etc.		3. Mailing Address 1120 Monticello blvd N Suite, Apt. #, etc.			
City & State St Pete, FL		City & State St Pete, FL		4. FEI Number 20-3300118	
Zip 33703		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERCE, ELIZABETH 3106 21ST STREET NO ST. PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name Elizabeth Pierce Street Address (P.O. Box Number is Not Acceptable) 1120 Monticello Blvd N City St. Pete FL Zip Code 33703			
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 Elizabeth Pierce EJ. Puru 1-28-06 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
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	D <input type="checkbox"/> Delete COTTRELL, RICHARD W IV 2490 ALHAMERA CT CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PIERCE, ELIZABETH 3106 21ST STREET NO ST. PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Pierce <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1120 Monticello Blvd N St Pete, FL 33703	
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	
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: Elizabeth Pierce EJ. Puru 1-28-06 727-502-0469 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					