

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90101 028 ***150.00

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1. Entity Name

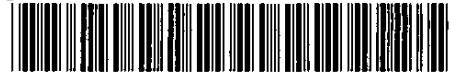
WEST COAST SEPTIC & EXCAVATING, INC



Principal Place of Business
6304 TROPICAIRE BLVD
NORTH PORT FL 34286

Mailing Address
6304 TROPICAIRE BLVD
NORTH PORT FL 34286

4001300



2. Principal Place of Business - No P.O. Box #

5917 KOYNER LANE

Suite, Apt. #, etc.

3. Mailing Address

5917 KOYNER LANE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

North Port, Florida

Zip

34286

Country

USA

City & State

North Port, Florida

Zip

34286

Country

USA

4. FEI Number

20-3831084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALM, LORIS
6304 TROPICAIRE BLVD
NORTH PORT FL 34286

7. Name and Address of New Registered Agent

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

Loris Palm

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-25-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE PRES ☐ Delete
NAME PALM, JASON
STREET ADDRESS 6304 TROPICAIRE BLVD
CITY-ST-ZIP NORTH PORT FL 34286

TITLE VP ☐ Delete
NAME PALM, LORIS
STREET ADDRESS 6304 TROPICAIRE BLVD
CITY-ST-ZIP NORTH PORT FL 34286

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Loris Palm

Loris Palm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07

94-429-1132

Date

Daytime Phone #