

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90302 043 ***158.75

DOCUMENT # P05000159896



1. Entity Name

GREATER WEST COAST ENTERTAINMENT, INC.

Principal Place of Business

**7874 CANNELWOOD DRIVE
S. BELOIT IL 61080
US**

Mailing Address

**7874 CANNELWOOD DRIVE
S. BELOIT IL 61080
US**



2. Principal Place of Business

18251 N. TAMiami TRAIL

Suite, Apt. #, etc.

A.

City & State

N. FT. MYERS, FL.

Zip

33903

Country

LEE

3. Mailing Address

18251 N. TAMiami TRAIL

Suite, Apt. #, etc.

A.

City & State

N. FT. MYERS

Zip

33903

Country

LEE

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-3898790

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GURGOLD, ERIC
990 W. MARION AVE.
201
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name **MARYANN SALTZBERG**

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

18251 N. TAMiami TRAIL

UNIT A.

City

N. FT. MYERS

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 **MARYANN SALTZBERG**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

4-5-06

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

TITLE	D,P	<input type="checkbox"/> Delete
NAME	SALTZBERG, MARY ANN	
STREET ADDRESS	7874 CANNELWOOD DRIVE	
CITY-ST-ZIP	S. BELOIT IL 61080	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SALTZBERG, RANDY A	
STREET ADDRESS	7874 CANNELWOOD DRIVE	
CITY-ST-ZIP	S. BELOIT IL 61080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Maryann Saltzberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06

Date:

815-509-0790

Daytime Phone #