2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State
01-31-2007 90051 003 ***150.00

DOCUMENT # P05000159896

1. Entity Name
GREATER WEST COAST ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
18251 N. TAMIAMI TRAIL A NORTH FORT MYERS FL 33903 US	18251 N. TAMIAMI TRAIL A NORTH FORT MYERS FL 33903 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
SALTZBERG, MARYANN 18251 N. TAMIAMI TRAIL UNIT A NORTH FORT MYERS FL 33903	MARYANN SALTZBERG 24212 PEPPERCORN ROAD PUNTA GORDA, FLORIDA 33955

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 - C.E.O. 1-27-07
Signature, type or print 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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P. SALTZBERG, MARY ANN 7874 CANNELLWOOD DRIVE S. BELOIT IL 61080	☐ Delete	C.E.O. MARYANN SALTZBERG 24212 PEPPERCORN ROAD PUNTA GORDA, FL. 33955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SALTZBERG, RANDY A 7874 CANNELLWOOD DRIVE S. BELOIT IL 61080	☐ Delete	(REGISTERED AGENT)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 - C.E.O. 1-27-07 813-509-0790
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1/31/2007-90051-003-$150.00-$150.00

DOCUMENT # F05000159896

1. Entity Name
GREATER WEST COAST ENTERTAINMENT, INC.

ATTACHMENT

66002252

Principal Place of Business	Mailing Address
18251 N. TAMIAMI TRAIL A NORTH FORT MYERS FL 33903 US	18251 N. TAMIAMI TRAIL A NORTH FORT MYERS FL 33903 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/06)

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

SALTZBERG, MARYANN
18251 N. TAMIAMI TRAIL
UNIT A
NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name: AL PLESHAR / & ASSOC.
Street Address (P.O. Box Number is Not Acceptable): 8301 S. CASS AVENUE
SUITE 203
City: DARIEN, ILLINOIS Zip Code: 60561

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SIGNATURE: Mary Ann Saltzberg - C.E.O. 1-27-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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10. OFFICERS AND DIRECTORS

TITLE	D.P.	☐ Delete
NAME	SALTZBERG, MARY ANN	
STREET ADDRESS	7874 CANNELLWOOD DRIVE	
CITY-ST-ZIP	S. BELOIT IL 61080	
TITLE	DST	☐ Delete
NAME	SALTZBERG, RANDY A	
STREET ADDRESS	7874 CANNELLWOOD DRIVE	
CITY-ST-ZIP	S. BELOIT IL 61080	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C.E.O.	☒ Change ☐ Addition
NAME	MARYANN SALTZBERG	
STREET ADDRESS	24212 PEPPERCORN ROAD	
CITY-ST-ZIP	PUNTA GORDA, FL. 33955	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(REGISTERED AGENT)	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE: Mary Ann Saltzberg - C.E.O. 1-27-07 815-509-0790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #