## 2007 FOR PROFIT CORPORATION

## Mar 30, 2007 8:00 am ANNUAL REPORT (ÅR) Secretary of State DOCUMENT # P06000137240 03-30-2007 90146 023 \*\*\*155.00 WEST COAST CONSTRUCTION & DEVELOPMENT, INC. Principal Place of Business Mailing Address 3615 GONDOLA LANE ST. JAMES CITY FL 33956 3615 GONDOLA LANE ST. JAMES CITY FL 33956 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 20-59/5607 City & State City & State Applied For NOT APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ROEDER, KEVIN J Street Address (P.O. Box Number is Not Acceptable) 3615 GONDOLA LANE ST. JAMES CITY FL 33956 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D 11111 ☐ Delete 7171.5 ☐ Change Addition ROEDER, KEVIN J NAME NAME 3615 GONDOLA LANE STREET ADDRESS STREET ADDRESS ST. JAMES CITY FL 33956 CHY ST-ZIP CITY ST ZIP HUE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY ST-7IP nilli Dorete THE F | Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-71P ☐ Defete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY - ST. 7IP ☐ Delete DILE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY SI-7IP Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS

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 eath; 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 KEVIN TROEDER 3-15-07
Date Dayline Phone

CITY ST ZIP 12. I horoby 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

SIGNATURE:

CITY - ST - ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED