2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P09000087572 WEST COAST ENERGY SAVERS, INC. 10 MAY 20 AM 7: 57 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3050 WEST SOCRUM LOOP ROAD 3050 WEST SOCRUM LOOP ROAD LAKELAND, FL 33810 LAKELAND, FL 33810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 05112010 Chg-P CR2E034 (11/08) 4. FEI Numbe City & State City & State Applied For Not Applicable Zip Country Zιο Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COE, PETE Street Address (P.O. Box Number is Not Acceptable) 3050 WEST SOCRUM LOOP ROAD LAKELAND, FL 33810 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. DATE Signature, typed or conted name of registered agent and their appropriate (IICITE Registered Agent signature inquired when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 24, 2010 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO Change ☐ Delete TITLE TITLE 300180699453 05/11/10--01002--008 **150.00 COE, MELISSA L NAME NAME 3050 WEST SOCRUM LOOP ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 CITY - ST - ZIP ☐ Channe ■ Addition TITLE Delete TITLE NAME COE PETE NAME STREET ADDRESS 3050 WEST SOCRUM LOOP ROAD STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP LAKELAND, FL 33810 COO ☐ Delete Change Addition TITLE TITLE COE, PETE NAME NAME 3050 WEST SOCRUM LOOP ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 CITY - ST-ZIP TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby 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 it 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.

TITLE

NAME

STREET ADDRESS

CITY-ST ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

05-13-10 813-416-5365

e Charly rain C

Change

Addition