

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37451

FILED
Jan 21, 2006
Secretary of State

Entity Name: WEST MARINE PRODUCTS, INC.

Current Principal Place of Business:

500 WESTRIDGE DR.
WATSONVILLE, CA 950764159 US

New Principal Place of Business:

Current Mailing Address:

500 WESTRIDGE DRIVE
WATSONVILLE, CA 950764159 US

New Mailing Address:

FEI Number: 94-2374523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: REPASS, RANDY
Address: 500 WESTRIDGE DR
City-St-Zip: WATSONVILLE, CA 95076

Title: CEO () Delete
Name: PETER, HARRIS
Address: 500 WESTRIDGE DR
City-St-Zip: WATSONVILLE, CA 95076

Title: CFO () Delete
Name: NELSON, ERIC
Address: 500 WESTRIDGE DR
City-St-Zip: WATSONVILLE, CA 95076

Title: SRVP () Delete
Name: EDWARDS, BRUCE
Address: 500 WESTRIDGE DRIVE
City-St-Zip: WATSONVILLE, CA 95076

Title: SRVP () Delete
Name: CAREY, TOM
Address: 500 WESTRIDGE DR
City-St-Zip: WATSONVILLE, CA 95076 US

Title: SRVP () Delete
Name: CORWIN, KEN
Address: 500 WESTRIDGE DR
City-St-Zip: WATSONVILLE, CA 95076 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC NELSON

CFO

01/21/2006

Electronic Signature of Signing Officer or Director

_____ Date