2006 FOR PROFIT CORPORATION

FILED Feb 20. 2006 08:00 AM

ANNUAL REPORT				Teb 20, 2000 00.00 A			
pocu	MENT # P9400002		}	Secre	tary of	State	
1. Entity Nar	ne		. 1		_		
WEST COAST INSURANCE, INC.				}			
Principal Plac	ce of Business	Mailing Address		-			
3438 COLW	ELL AVE	3438 COLWELL AVE					
TAMPA, FL	33614 US	TAMPA, FL 33614 US					
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		1 T 2	in the second of	5. Certificate	e of Status Desired		75 Additional Required
	6. Name and Address of Currer						
LACKEY	CEOPCE IAI						
LACKEY, GEORGE W 3438 COLWELL AVE				DO	NOT W	RITE	<u>-</u> .
TAMPA, FL 33614				INI '	THIS SP	ACE	
			1	. 11.4	inis sr	ACE	
			1				·
8. The above	s named entity submits this statement	for the purpose of changing its registe	ered office or register	red agent, or bo	oth, in the State of Flo	rida. I am familia	ar with, and accep
sgildo eni	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered age	nt and His II annilogable ANTE Broths	ored Agent signature required	dubas selected>		DATE	
	Signatura, of peace of families from a or register and age	it and the it applicable.	nes Agent signature reduited	a where temestating)	T	- UAIE	
Fil After M	E NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550	ancing \$5.	.00 May Be led to Fees	{			
10.	OFFICERS ANI	O DIRECTORS			<u> </u>		
T(TLE	P		1				
NAME	LACKEY, GEORGE W			•	1.	•	
STREET ADDRESS CITY-ST-ZIP	3438 COLWELL AVE TAMPA, FL 33614		1				
TITLE	1MMLW' LF 22214				-		
NAME	{		·				
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NAME				ŧ		2.7	
STREET ADDRESS CITY-ST-ZIP			f				
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12. I hereby 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 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:

NAME STREET ADDRESS GITY-ST-ZIP

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-845-1150 Daytime Phone #