



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000074862</b> 1. Entity Name <b>WEST COAST RENOVATIONS, INC.</b>	
---	---

Principal Place of Business <b>2327 SANDRALA DR. SARASOTA, FL 34231</b>	Mailing Address <b>2327 SANDRALA DR SARASOTA, FL 34231</b>
--	---

**DO NOT WRITE IN THIS SPACE**



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0528416</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**REINICKE, STEPHANIE A  
1800 SECOND STREET  
SUITE 803  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MACK, GLEN A 2327 SANDRALA DR SARASOTA, FL 34231</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000566760  
06/05/06-80006-008 550.00

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/31/06** **941**  
Date Daytime Phone #