

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000047655

1. Entity Name  
FLORIDA WEST COAST LAND CORPORATION



Principal Place of Business \_\_\_\_\_  
3634 GAVIOTA DR  
RUSKIN, FL 33573 US

Mailing Address  
3634 GAVIOTA DR  
RUSKIN, FL 33573 US

**FILED  
Apr 11, 2005 08:00 AM  
Secretary of State**



**DO NOT WRITE IN THIS SPACE**

02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0604789	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, MICHAEL L  
3634 GAVIOTA DR  
RUSKIN, FL 33573

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution:

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME MILLER, MICHAEL L  
STREET ADDRESS 3634 GAVIOTA DR  
CITY-ST-ZIP RUSKIN, FL

TITLE VPD  
NAME MILLER, MICHAEL L  
STREET ADDRESS 614 SUPERIOR AVENUE N.W.  
CITY-ST-ZIP CLEVELAND, OH 44113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000299736  
04/11/05-00120-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05 813/633-0900

Date

Daytime Phone #