

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

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  
RUSTKIN, FL 33573 US



01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0604789</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**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

000000931363  
05/22/08-80011-025 150.00

**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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Miller

Date

Daytime Phone #

4-17-08 633-0900 (813)