2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P98000030699 1. Entity Name WEST COAST CHARTER SERVICES, INC.					05-04-2005 90123 048 ***150.00			
Drivers of Dise	e of Duninger	Mailing Address	L		4 ប្រក្	7000		
Principal Place 13017 PRES RIVERVIEW, F	TWICK DRIVE	Mailing Address 13017 PRESTWICK DRIV. RIVERVIEW, FL 33569	E					
2. Principal P	lace of Business Lake Surrise Dr	3. Mailing Address	< ·					
Suite, Apt.		Suite, Apt. #, etc.	sun, se i	03152005	Chg-P	CR2E034 (10/03)		
City & State	lo Beach FL	City & State Aprila 3	ah Fi	4. FEI Numb 59-350		— —	pplied For ot Applicable	
Zip 1 335	*****	Zip \ 37572	Country A		of Status Desired	Fee Require		
	6. Name and Address of Current R	registered Agent	Name	7. Name and	Address of New	Registered Agent		
	NYER RIA AVENUE ABLES, FL 33134			ddress (P.O. Box Numb	er is Not Acceptal	ole)		
			City			FL Zip Coo	de	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registered agent, or bo	th, in the State of	Florida. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE I	Registered Agent signatur	re required when reinstating)	,	DATE		
FIL	Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig	n Financing	\$5.00 May Be Added to Fees		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	CHANGES TO O	DATE FFICERS AND DIRECTOR	3S IN 11	
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12. Thereby 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 it 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	Date	Daytime Phone #