2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000049479

1. Entity Name
WEST COAST TURF, INC.

Principal Place of Business	Mailing Address
26228 DEEP CREEK BLVD. PUNTA GORDA, FL 33983	26228 DEEP CREEK BLVD. PUNTA GORDA, FL 33983

5̃0019701

05012006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
65-0924640		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUTCH, TROY JR.
26228 DEEP CREEK BLVD.
PUNTA GORDA, FL 33983

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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.
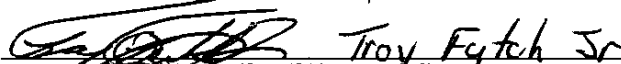
SIGNATURE _____

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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FUTCH, TROY JR.
STREET ADDRESS	26228 DEEP CREEK BLVD.
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Troy Futch Jr_   _4/28/06_   _941 650 2719_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #