

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90214 022 ***150.00

DOCUMENT # P99000051216

1. Entity Name

WEST COAST TRACK-HOE SERVICE, INC.



Principal Place of Business

25098 HARBORVIEW
PUNTA GORDA FL 33930

Mailing Address

25098 HARBORVIEW
PUNTA GORDA FL 33930

2. Principal Place of Business

23201 WICKER AVE
Suite, Apt. #, etc.

3. Mailing Address

23201 WICKER AVE
Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

City & State

PORT CHARLOTTE FL

Zip

Country

33980

Zip

Country

33980

4. FEI Number

65-0926809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

RAULERSON, STACY L
25098 HARBORVIEW RD
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

23201 WICKER AVE

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME RAULERSON, STACY L
STREET ADDRESS 25098 HARBORVIEW ROAD
CITY-ST-ZIP PUNTA GORDA FL 33980

TITLE VS ☐ Delete
NAME RAULERSON, TRACY D
STREET ADDRESS 25098 HARBORVIEW ROAD
CITY-ST-ZIP PUNTA GORDA FL 33980

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 23201 WICKER AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 23201 WICKER AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33980

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-05