

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90254 009 ***150.00

DOCUMENT # P99000051216					
1. Entity Name WEST COAST TRACK-HOE SERVICE, INC.					
Principal Place of Business 23201 WICKER AVE PORT CHARLOTTE, FL 33980			Mailing Address 23201 WICKER AVE PORT CHARLOTTE, FL 33980		
2. Principal Place of Business		3. Mailing Address <i>16528 N. Dale Mabry Hwy</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Tampa, FL</i>		4. FEI Number 65-0926809	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip <i>33618</i>		Country <i>US</i>		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RAULERSON, STACY L 23201 WICKER AVE PORT CHARLOTTE, FL 33980			7. Name and Address of New Registered Agent Name <i>Walter Sanders</i> Street Address (P.O. Box Number is Not Acceptable) <i>16528 N. Dale Mabry Hwy</i> City <i>Tampa</i> FL Zip Code <i>33618</i>		
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 <i>Walter Sanders</i> <i>Walter Sanders</i> DATE <i>4/11/06</i> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RAULERSON, STACY L 23201 WICKER AVE PORT CHARLOTTE, FL 33980 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAULERSON, TRACY D 23201 WICKER AVE PORT CHARLOTTE, FL 33980 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Stacy Raulerson</i> <i>Stacy Raulerson</i> DATE <i>4/24/06</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					