

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90011 028 ***158.75

DOCUMENT # P99000065080

1. Entity Name
WEST COAST MODELING CONCEPTS, INC



Principal Place of Business
**4550 NW 18 AVE, SUITE 106
POMPANO BEACH, FL 33064**

Mailing Address
**4550 NW 18 AVE, SUITE 106
POMPANO BEACH, FL 33064**

40113100



05252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0989675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILES, HARVEY F
4550 NW 18 AVE, SUITE 106
POMPANO BEACH, FL 33064**

**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 \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HILL, JOHN L
4550 NW 18 AVE, SUITE 106
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MILES, HARVEY F
4550 NW 18 AVE, SUITE 106
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/07
Date

954-781-7851
Daytime Phone #

ATTACHMENT 40119 758

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: West Coast Modeling Concepts, Inc
2. The principal office address: 3175 Oregon Place Lake Placid, Florida 33852
3. The mailing address (if different): P O Box 2230 Lake Placid, Florida 33862
4. Date of incorporation/qualification: _____ Document number: P99000065080
5. The name and street address of the current registered agent and registered office of the corporation in the State of Florida Department of State:

Harvey F. Miles

4550 N W 18 Ave suite 106

Pompano Beach, Florida 33064-1066

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

3175 Oregon Place

(P.O. Box NOT acceptable)

Lake Placid, Florida 33852

The street address of its registered office and the street address of the business of the corporation as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors authorized by the board, or the corporation has been notified in writing of the change.

Harvey F. Miles
(Signature of an officer or director)

HARVEY
(Printed or typed name)

I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. This document is being filed merely to reflect a change in the registered office address of the corporation has been notified in writing of this change.

Harvey F. Miles
(Signature of Registered Agent)

5-23
(Date)

If signing on behalf of an entity:

WEST COAST MODELING CONCEPTS, INC
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

364

WEST COAST
MODELING CONCEPTS, INC
P.O. BOX 2230
LAKE PLACID, FL 33862
PH: 863-699-6130

5/25/2007

PAY Florida Department of State
to the ORDER of
THIRTY FIVE AND
00/100 DOLLARS \$35.00

HIGHLANDS INDEPENDENT BANK
LAKE PLACID OFFICE
LAKE PLACID, FL 33852

FOR
Change of Registered Office - Harvey F. Miles

ATTACHMENT
40119758

May 25, 2007

P99000065080
WEST COAST MODELING
CONCEPTS, INC
P O BOX 2230
LAKE PLACID, FL 33862

DEAR DIVISION OF CORPORATIONS:

ATTACHED IS THE "2007 FOR PROFIT CORPORATION ANNUAL REPORT" WITH A CHECK FOR THE FEE AND CERTIFICATE OF STATUS.

THE COMPANY WAS MOVED TO LAKE PLACID, FLORIDA. I'VE ATTACHED A COPY OF "STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS", AS FILED, TO REFLECT THE MOVE. I ALSO MOVED TO LAKE PLACID.

THE ANNUAL NOTICE WAS MIS-PACKED FOR THE MOVE. I DID NOT FIND THE NOTICE TIMELY FOR FILING INFORMATION. I AM SORRY FOR MY ERROR. THIS WILL NOT HAPPEN AGAIN GUARANTEED!

I WOULD MUCH APPRECIATE YOUR ABATING THE PENALTY.

HARVEY F. MILES


SEC/TREAS

ATTACHMENTS
CHECK FOR ANNUAL FEE & STATUS
COPY STATEMENT OF CHANGE REGISTERED
OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS