2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# S05244

Entity Name: WEST COAST TRANSPORTATION SERVICES, INC.

Current Principal Place of Business:

502 N OREGON AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

502 N OREGON AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3028803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINARDI, DARRYL K
502 N OREGON AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

MINARDI, GLENN A STD
502 N OREGON AVE
TAMPA, FL 33606 US

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.

SIGNATURE: GLENN MINARDI 04/25/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MINARDI, LOUIS
Address: 502 N OREGON AVE
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete
Name: MINARDI, DARRYL K
Address: 502 N OREGON AVE
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete
Name: MINARDI, GLENN
Address: 502 N OREGON AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition
Name: MINARDI, LOUIS
Address: 502 N OREGON AVE
City-St-Zip: TAMPA, FL 33606

Title: STD (X) Change ( ) Addition
Name: MINARDI, GLENN A
Address: 502 N OREGON AVE
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition
Name: MINARDI, JOSEPH N
Address: 502 N OREGON AVE
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLNN A MINARDI STD 04/25/2006
Electronic Signature of Signing Officer or Director Date