


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S13828**  
1. Entity Name  
**WEST ATLANTIC COAST, INC.**



Principal Place of Business      Mailing Address  
**90 JENNIFER CIRCLE**      **90 JENNIFER CIRCLE**  
**PONCE INLET, FL 32127**      **PONCE INLET, FL 32127**



03062008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3038822**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FERREIRA, JOAQUIM D**  
**90 JENNIFER CIRCLE**  
**PONCE INLET, FL 32127**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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 FERREIRA, JOAQUIM D 90 JENNIFER CIR PONCE INLET, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FERREIRA, MARIA L. 90 JENNIFER CIR PONCE INLET, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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05/13/08-80085-016 150.00

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: *X Joaquim D. Ferreira*      **JOAQUIM D. FERREIRA**      4/22/08      (386) 760-4617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #