2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # P95000020307** 1. Entity Name WESTGATE PARK CORP. Mailing Address Principal Place of Business 4830 W KENNEDY BLVD. 4830 W KENNEDY BLVD. SUITE 350 SUITE 350 TAMPA, FL 33609 TAMPA, FL 33609 No Chg-P 04072004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3338683 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MELENDI, JOSEPH E DO NOT WRITE 300 NORTH FRANKLIN ST SECOND FLOOR IN THIS SPACE TAMPA, FL 33609 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, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П U00000130602 Trust Fund Contribution. Added to Fees <u> 226.204-801.24-012.150.00</u> OFFICERS AND DIRECTORS 10. TITLE NAME WEIS, STEPHEN N. STREET ADDRESS 4830 W KENNEDY BLVD., SUITE 350 CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET AODRESS 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 tute 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 ampowered 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 attaching me an address, with all other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Stephen N Weis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

813-286-4067

FILED