2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000043588

1. Entity Name

WESTSHORE MOBILE HOME PARK, INC.



FILED Apr 26, 2007 08:00 Al Secretary of State

Principal Place of Business

ii business

4830 W KENNEDY BLVD

SUITE 730 TAMPA, FL 33609 US Mailing Address

4830 W KENNEDY BLVD

SUITE 730

TAMPA, FL 33609 U



DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-3363863
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELENDI, JOSEPH E 1510 W. CLEVELAND STREET TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	purpose of changing its registere	ed office or regis	stered agent, or bo	oth, in the State of	Florida. I am far	miliar with, and accept	
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered			id Agent signature requ	ilred when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.		55.00 May Be dded to Fees	0000 05/09/0	00734288 7-80110-6	n25 150.00	
10.	OFFICERS AND DIREC	CTORS		* (Mill)		Albeit et il III-le	2. 电弧电流电流 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
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CITY-ST-ZIP						Market.		
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NAME Street address								
CITY_CT_7ID						基本的基本		

12. I hereby certify that the information supplied with this filling 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 in address, with all other like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone ●