

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90213 041 ***150.00

DOCUMENT # 177133
 1. Entity Name
WESTSHORE GLASS CORP.



Principal Place of Business 5300 WEST KNOX STREET POST OFFICE BOX 15216 TAMPA, FL 33684	Mailing Address 5300 WEST KNOX STREET POST OFFICE BOX 15216 TAMPA, FL 33684
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40081334



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0714718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ELOZORY, LIONEL
 5300 WEST KNOX STREET
 TAMPA, FL 33684-2216

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	C ELOZORY, LIONEL 5701 MARINER STREET #803 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ELOZORY, DANIEL 13811 SHADY SHORES TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ELOZORY, TODD 11431 KNIGHTS GRIFFIN RD THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRUCCOURE, RONALD 15203 LEITH WALK LN TAMPA, FL 33618
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:  **May 1, 2006** 813-884-2561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #