

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 177133

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: WESTSHORE GLASS CORP.

## Current Principal Place of Business:

5300 WEST KNOX STREET  
POST OFFICE BOX 15216  
TAMPA, FL 33684

## New Principal Place of Business:

5300 WEST KNOX STREET  
TAMPA, FL 33684

## Current Mailing Address:

5300 WEST KNOX STREET  
POST OFFICE BOX 15216  
TAMPA, FL 33684

## New Mailing Address:

POST OFFICE BOX 15216  
TAMPA, FL 33684

FEI Number: 59-0714718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ELOZORY, LIONEL  
5300 WEST KNOX STREET  
TAMPA, FL 33684 2216 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: ELOZORY, LIONEL  
Address: 5701 MARINER STREET #803  
City-St-Zip: TAMPA, FL 33606

Title: ST ( ) Delete  
Name: ELOZORY, DANIEL  
Address: 13811 SHADY SHORES  
City-St-Zip: TAMPA, FL 33613

Title: V ( ) Delete  
Name: ELOZORY, TODD  
Address: 11431 KNIGHTS GRIFFIN RD  
City-St-Zip: THONOTOSASSA, FL 33592

Title: P ( ) Delete  
Name: BRUCCOUERE, RONALD  
Address: 15203 LEITH WALK LN  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL T ELOZORY

ST

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date