


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90025 048 \*\*\*150.00

**DOCUMENT # F0000005956**

1. Entity Name  
**BAYSIDE WHITSTABLE SALES, INC.**



Principal Place of Business  
**12555 TENTH LINE**  
**STOUFFVILLE, ONTARIO, CANADA, L4A -7Z6**

Mailing Address  
**P.O. BOX 269**  
**STOUFFVILLE, ONTARIO, CANADA, L4A -7Z5**

**94034953**



2. Principal Place of Business  
**15 JOEL ROAD**

3. Mailing Address  
**P.O. BOX 20092**

Site, Apt. #, etc.

02162004 Chg-P CR2E034 (10/03)

City & State  
**Perkinsfield Ontario**

City & State  
**BARRIE ONTARIO**

Zip  
**L0L 2J0**

Country  
**Canada**

Zip  
**L4M 6E9**

Country  
**Canada**

4. FEI Number  
**52-2291041**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLACHLAN, BRYAN K**  
**9750 SEMINOLE BLVD.**  
**SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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 Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	SENOUR, JANET L	
STREET ADDRESS	15 JOEL ROAD	
CITY-ST-ZIP	STOUFFVILLE, ONTARIO, CANADA, L4A-7X9	
TITLE	VCST	<input type="checkbox"/> Delete
NAME	THIRGOOD, RAYMOND B	
STREET ADDRESS	15 JOEL ROAD	
CITY-ST-ZIP	STOUFFVILLE, ONTARIO, CANADA, L4A-7X9	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Perkinsfield Ontario L0L 2J0	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Perkinsfield Ontario L0L 2J0	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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: Janet Senour Janet Senour Mar 18/04 927-418-2102

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