

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005956

FILED
Feb 15, 2005
Secretary of State

Entity Name: BAYSIDE WHITSTABLE SALES, INC.

Current Principal Place of Business:

15 JOEL ROAD
PERKINSFIELD ONT, CN L0L 2J0

New Principal Place of Business:

15 JOEL ROAD
PERKINSFIELD ONT, CN L0L 2J0

Current Mailing Address:

P.O. BOX 20092
BARRIE ONT, CN L4m 6e9

New Mailing Address:

P.O. BOX 20092
BARRIE ONT, CN L4M 6E9

FEI Number: 52-2291041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLACHLAN, BRYAN K
9750 SEMINOLE BLVD.
SEMINOLE, FL 33772 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: CP () Delete
Name: SENOUR, JANET L
Address: 15 JOEL ROAD
City-St-Zip: PERKINSFIELD ONT, CN L0L 2J0

Title: VCST () Delete
Name: THIRGOOD, RAYMOND B
Address: 15 JOEL ROAD
City-St-Zip: PERKINSFIELD ONT, CN L0L 2J0

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: JANET L. SENOUR

CP

02/15/2005

Electronic Signature of Signing Officer or Director

_____ Date