2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001943

FILED Mar 17, 2004 Secretary of State

Entity Name: WESTSHORE MANAGEMENT, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
	OSTERMAN RD PRINGS, FL 34					
Current Mailing Address:				New Mailing Address:		
125 W. KLOSTERMAN RD TARPON SPRINGS, FL 34689				9107 WOODRIDGE RUN DRIVE TAMPA, FL 33647		
FEI Number:	02-0564761	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certifica	te of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
HAYES, MICHAEL 125 WEST KLOSTERMAN ROAD TARPON SPRINGS, FL 34689 US				HAYES, MICHAEL 125 KLOSTERMAN R TARPON SPRINGS, F		US
The above in the State		bmits this statement for the pu	ırpose o	f changing its registere	d office or re	egistered agent, or both,
SIGNATURE:				03/17/2004		
	Electronic	Signature of Registered Ager	nt			Date
Election Cam	paign Financing 1	Frust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CP () D HAYES, MICHAEL 9107 WOODRIDG TAMPA, FL 3364	GE RUN DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VCV () D HILL, DAVID 601 WEST MORE JACKSONVILLE,	GAN STREET		Title: Name: Address: City-St-Zip:	()Change() Addition

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: MICHAEL HAYES CP 03/17/2004