2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F32983

Entity Name
WEST BAY LANDSCAPE, INC.

Principal Place of Business

6009-15TH STREET EAST BRADENTON, FL 34203 US Mailing Address

6009-15TH STREET EAST BRADENTON, FL 34203 US FILED Apr 07, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2260336

Applied For Not Applicable

5. Certificate of Status Desired_

\$8.75 Additional

6. Name and Address of Current Registered Agent

LEUNK, RONALD 6009-15TH STREET EAST BRADENTON, FL 34203

SIGNATURE: _

SIGNATURE AND

DO NOT WRITE IN THIS SPACE

3/29/04

941-753-8225

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					
Signature, typed or printed harme 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		 Election Campalgn Finant Trust Fund Contribution. 		\$5.00 May Be Added to Fees	U00000105373 04/07/04-80024-002 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEUNK, RONALD 2014 84TH ST CIR NW BRADENTON, FL 34209				· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZEP	PTD SIKKEMA, RONALD 1903 91ST ST NW BRADENTON, FL 34209				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the comporation 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.					

E OF SIGNING OFFICER OR DIRECTOR