


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90003 010 \*\*\*150.00

<b>DOCUMENT # P01000033784</b>	
<b>1. Entity Name</b> WESTSIDE FEED, INC.	

<b>Principal Place of Business</b> 9007 103RD ST. JACKSONVILLE FL 32210	<b>Mailing Address</b> 9007 103RD ST. JACKSONVILLE FL 32210
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



43-2039175 MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-9714140	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  CORROLL, CAROL E 9007 103RD ST. JACKSONVILLE FL 32210	<b>7. Name and Address of New Registered Agent</b> Name <u>Paul Waters</u> Street Address (P.O. Box Number is Not Acceptable) <u>4007 103rd St</u> City <u>Jacksonville</u> FL <u>32210</u>
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<b>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.</b>	
SIGNATURE <u>Paul Waters</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>2-7-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAROL, CARROLL E 6061 CONNIE JEAN RD JACKSONVILLE FL 32222 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Paul Waters Rt 3 Box 55H Lake Butler FL 32054 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RALPH, CARROLL 6061 CONNIE JEAN RD JACKSONVILLE FL 32222 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Anisha Waters Rt 3 Box 55H Lake Butler FL 32054 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELICIA, JOY L 6061 CONNIE JEAN RD JACKSONVILLE FL 32222 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Carol Carroll 6061 Connie Jean Rd JACKSONVILLE FL 32222 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICKEY, CARROLL 6061 CONNIE JEAN RD JACKSONVILLE FL 32222 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ted Waters Rt 3 Box 39 Lake Butler FL 32054 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. I hereby certify that the information supplied with this filing 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 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.</b>
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<b>SIGNATURE:</b> <u>Paul Waters</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>2-7-04</u>	DAYTIME PHONE # <u>771-5070</u>
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