


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90024 024 \*\*\*150.00

<b>DOCUMENT # P02000006830</b> 1. Entity Name <b>WESTSIDE CARPENTRY, INC.</b>					
Principal Place of Business <b>12113 GORDON AVENUE PORT CHARLOTTE, FL 33981-1645</b>			Mailing Address <b>12113 GORDON AVENUE PORT CHARLOTTE, FL 33981-1645</b>		
2. Principal Place of Business <b>2273 Cherokee St.</b>		3. Mailing Address <b>2273 Cherokee St.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>NORTH PORT FL</b>		City & State <b>NORTH PORT FL</b>		4. FEI Number <b>30-0025790</b>	
Zip <b>34286</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROMANYUK, VIKTOR 12113 GORDON AVENUE PORT CHARLOTTE, FL 33981</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2273 CHEROKEE STREET</b> City <b>NORTH PORT</b> <b>FL</b> Zip Code <b>34286</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.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS:			11. --ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMANYUK, VIKTOR 12113 GORDON AVENUE PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2273 CHEROKEE ST. NORTH PORT FL 34286</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMON, ANDREY 12113 GORDON AVE PORT CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY, TREASURER SVETLANA ROMANYUK 2273 CHEROKEE STREET NORTH PORT, FL 34286</b>
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
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
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.					
SIGNATURE: <b>Viktor Romanyuk</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>2-27-04 (941) 815-8704</b> <small>Date Daytime Phone #</small>	