


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90239 004 \*\*\*150.00

<b>DOCUMENT # P04000017114</b> 1. Entity Name <b>WESTSHORE BAKERY INC</b>	
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Principal Place of Business <b>4261 112TH TERRACE NORTH CLEARWATER, FL 33762 US</b>	Mailing Address <b>4261 112TH TERRACE NORTH CLEARWATER, FL 33762 US 6602 HANLEY RD TAMPA, FL 33634</b>
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02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0525716</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TUMMINIA, JOSEPH JR 15735 BEREAD DRIVE ODESSA, FL 33556</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$160.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES TUMMINIA, JOSEPH JR 15735 BEREAD DR ODESSA, FL 33556</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP TOMOSSONE, GINA 11632 GREENSLEEVE AVENUE TAMPA, FL 33626</b>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Joe Tumminia **4-9-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #