


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90182 015 ***150.00

DOCUMENT # P04000049189			
1. Entity Name WESTSHORE MARKETS, INC.			
Principal Place of Business 757 NATALIE LANE PALM HARBOR, FL 34683		Mailing Address 757 NATALIE LANE PALM HARBOR, FL 34683	
2. Principal Place of Business 3598 Fairway Forest Dr Suite, Apt. #, etc.		3. Mailing Address 3598 Fairway Forest Dr Suite, Apt. #, etc.	
City & State Palm Harbor FL		City & State Palm Harbor FL	
Zip 34685		Zip 34685	
Country		Country	
4. FEI Number 11-3714672		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, CRYSTAL L 757 NATALIE LN PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3598 Fairway Forest Dr City Palm Harbor FL Zip Code 34685	
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: <u>Crystal Thomas</u> <u>Crystal Thomas</u> DATE: <u>4/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, CRYSTAL L 757 NATALIE LN PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3598 Fairway Forest Dr Palm Harbor FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, DAVID E 757 NATALIE LN PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3598 Fairway Forest Dr Palm Harbor FL 34685
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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: <u>Crystal Thomas</u> <u>Crystal Thomas</u>		DATE: <u>4/11/05</u> (227) 785-4639	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE Daytime Phone #</small>	

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04032005 Chg-P CR2E034 (10/03)