

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # P05000144731

1. Entity Name
WESTSHORE REAL ESTATE OF LUTZ, INC.



Principal Place of Business

1930 LAND O LAKES BLVD SUITE 11 & 12
LUTZ, FL 33549

Mailing Address

1930 LAND O LAKES BLVD SUITE 11 & 12
LUTZ, FL 33549



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3808160	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

RYDER, SALLY
1930 LAND O LAKES BLVD SUITE 11 & 12
LUTZ, FL 33549

**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

Sally Ryder

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000703915
04/20/07-80156-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	RYDER, SALLY
STREET ADDRESS	1930 LAND O LAKES BLVD SUITE 11 & 12
CITY-ST-ZIP	LUTZ, FL 33549

TITLE	VS
NAME	RYDER, DAVE
STREET ADDRESS	1930 LAND O LAKES BLVD SUITE 11 & 12
CITY-ST-ZIP	LUTZ, FL 33549

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Sally Ryder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 (813) 948-4889

Date

Daytime Phone #