


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000149150 1. Entity Name WEST BAY PROCESSING, INC			06 SEP 29 11 3:50 REINSTATEMENT 06-09262006 REIN-P CR2E098 (13/05)
Principal Place of Business 1920 WEST BAY DRIVE SUITE 4 LARGO, FL 33770		Mailing Address 1667 SUFFOLK DRIVE CLEARWATER, FL 33756 US	
2. Principal Place of Business Suite, Apt. #, etc		3. Mailing Address 1536 S. Hillcrest Ave	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33756	Country USA	4. FEI Number 20-3753062	
6. Name and Address of Current Registered Agent SANDERSON, KATHRYN A 1667 SUFFOLK DRIVE CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1536 S. Hillcrest Ave. City Clearwater FL Zip Code 33756	
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) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANDERSON, KATHRYN A 1667 SUFFOLK DRIVE CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1536 S. Hillcrest Ave. Clearwater FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SANDERSON, CHAD M 1667 SUFFOLK DRIVE CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1536 S. Hillcrest Ave. Clearwater FL 33756
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 600080271406 09/29/06--01005--003 **\$150.00
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 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 all other filers with all other filers empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 9-25-06 727-418-3645 <small>Daytime Phone #</small>	