

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149150

FILED
Aug 31, 2007
Secretary of State

Entity Name: WEST BAY PROCESSING, INC

Current Principal Place of Business:

1920 WEST BAY DRIVE
SUITE 4
LARGO, FL 33770

New Principal Place of Business:

1536 SOUTH HILLCREST AVENUE
CLEARWATER, FL 33756

Current Mailing Address:

1536 S. HILLCREST AVE.
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 20-3753062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERSON, KATHRYN A
1536 S. HILLCREST AVE.
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANDERSON, KATHRYN A
Address: 1536 S. HILLCREST AVE.
City-St-Zip: CLEARWATER, FL 33756 US

Title: V (X) Delete
Name: SANDERSON, CHAD M
Address: 1536 S. HILLCREST AVE.
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN ANNE SANDERSON

MRS.

08/31/2007

Electronic Signature of Signing Officer or Director

_____ Date