


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90041 046 ***150.00

DOCUMENT # P94000087058		
1. Entity Name WEST BEACH PLAZA, INC.		

Principal Place of Business 3421 BONITA BEACH ROAD UNIT 408 BONITA SPRINGS, FL 34134 US	Mailing Address 600 HIGHWAY NO. 7 EAST 101 RICHMOND HILL, ON I4b-1b2 CA
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2. Principal Place of Business 3940 GORDON DRIVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES FLORIDA		City & State	
Zip 34102	Country	Zip	Country



02112004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0543849		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CAPTAIN INVESTMENTS, INC. 3121 BONITA BEACH ROAD UNIT 308 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name KAREN V TRIPLETT Street Address (P.O. Box Number is Not Acceptable) 2600 GOLDEN GATE PARKWAY SUITE 2200 City NAPLES FL Zip Code 34105

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 *Karen Triplett* DATE 3/4/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KAPTYN, JOHN <input type="checkbox"/> Delete 600 HIGHWAY NO. 7 EAST, STE 101 RICHMOND HILL, ON I4b 1b2	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
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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: *John Kaptyn* **JOHN KAPTYN** 905-886-7661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #