2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000011513

BAY WEST BUSINESS CENTER, INC.



Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1920 NORTHGATE BLVD.

SARASOTA, FL 34234

1920 NORTHGATE BLVD.

SARASOTA, FL 34234

FILED Jan 20, 2004 08:00 AM Secretary of State



01062004

No Cha-P

CR2E034 (10/03)

4. FEI Number 65-0872286

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLMAN, STACEY S 1920 NORTHGATE BLVD SUITE A-9 SARASOTA, FL 34234

DO NOT WRITE

5/10/05/7/(12 5/254			IN THIS SPACE			
	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title in	applicable (NOTE Registered A	agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLMAN, JORDAN E 1920 NORTHGATE BLVD SUITE A-9 SARASOTA, FL 34234				U00000008868 U1/20/04-80081-812 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	OO NOT WRITE	
TITLE NAME STREET ADDRESS CHY+ST+ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
THE						

12. I hereby certify that the information supplied with this filling 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 enter it 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 trosted empowered of 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 given like empowered.

SIGNATURE:

SMEASE STREET ADDRESS CITY - \$1 - ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR