

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90082 012 \*\*\*158.75

**DOCUMENT # P99000057271**

1. Entity Name  
**WESTCHESTER GOLD, INC.**



Principal Place of Business  
**158 BANGSBERG RD.  
PT. CHARLOTTE, FL 33932**

Mailing Address  
**158 BANGSBERG RD.  
PT. CHARLOTTE, FL 33932**



04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-1008666</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired  **\$8.75** Additional Fee Required.

**6. Name and Address of Current Registered Agent**

**MATLIN, BRIAN  
7890 CORAL WAY  
MIAMI, FL 33155-6551**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                   |                                |
|-------------------|--------------------------------|
| TITLE<br><b>D</b> | <b>DUKE, STEVEN</b>            |
| NAME              | <b>158 BANGSBERG RD.</b>       |
| STREET ADDRESS    | <b>PT. CHARLOTTE, FL 33932</b> |
| CITY-ST-ZIP       |                                |

|                   |                                 |
|-------------------|---------------------------------|
| TITLE<br><b>P</b> | <b>DUKE, JANIE</b>              |
| NAME              | <b>158 BANGSBERG RD</b>         |
| STREET ADDRESS    | <b>PORT CHARLOTTE, FL 33952</b> |
| CITY-ST-ZIP       |                                 |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| TITLE          |  |
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| 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 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: *Stephen L Duke* **Stephen L Duke** 4-11-05 941-625-0666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #