


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

Entity Name WESTSIDE T'S OF GAINESVILLE, INC.	
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Principal Place of Business 4445 SW 5T TERR, SUITE 410 AINESILLE, FL 20	Mailing Address 4445 SW 5T TERR, SUITE 410 AINESILLE, FL 20
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05032007 No Chg P CREO (11 0)

FEI Number 52-2186370	Applied For Not Applicable
Certificate of Status Desired <input type="checkbox"/> .7 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITE, WILTON L 625 N FLAGLER DR, 9TH FL WEST PALM BEACH, FL 33401	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> .00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, MICHAEL 4445 SW 35TH TERR, SUITE 410 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, DENISE 4445 SW 35TH TERR, SUITE 410 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/25/07-80059-021 150.00

1. 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 an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise H. Baldwin

Date

5/0/7

Daytime Phone #

352-375-4263