## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F40104

Entity Name: WESTSIDE NIGHT CLUB, INC.

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1601 WEST MADISON ST STE 1 LIVE OAK, FL 32060

Current Mailing Address: New Mailing Address:

12259 RIDGE FOREST LANE 373 TAVISTOCK DRIVE JACKSONVILLE, FL 32246 ST AUGUSTINE, FL 32095

FEI Number: 59-2206455 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, LORENZO PRESIDE

12259 RIDGE FOREST LANE

JACKSONVILLE, FL 32246 US

SMITH, LORENZO PRESIDE

373 TAVISTOCK DRIVE

ST AUGUSTINE, FL 32095 US

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: 01/11/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PST (X) Change () Addition

Name:SMITH, LORENZO,Name:SMITH, LORENZO,Address:12259 RIDGE FOREST LANEAddress:373 TAVISTOCK DRIVECity-St-Zip:JACKSONVILLE, FL 32246 USCity-St-Zip:ST AUGUSTINE, FL 32095 US

Title: V () Delete Title: () Change () Addition

 Name:
 SMITH, ALFRED,
 Name:

 Address:
 426 JOHNSON BLVD
 Address:

 City-St-Zip:
 LIVE OAK, FL 32064 US
 City-St-Zip:

Title: TREA ( ) Delete Title: ( ) Change ( ) Addition

Name:SMITH, KENNETH H TREASURName:Address:424 JOHNSON BLVDAddress:City-St-Zip:LIVE OAK, FL 32064 USCity-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LORENZO SMITH PST 01/11/2007