

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F40104

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: WESTSIDE NIGHT CLUB, INC.

## Current Principal Place of Business:

1601 WEST MADISON ST  
STE 1  
LIVE OAK, FL 32060

## New Principal Place of Business:

## Current Mailing Address:

373 TAVISTOCK DRIVE  
ST AUGUSTINE, FL 32095

## New Mailing Address:

FEI Number: 59-2206455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, LORENZO PRESIDE  
373 TAVISTOCK DRIVE  
ST AUGUSTINE, FL 32095 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: SMITH, LORENZO,  
Address: 373 TAVISTOCK DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32095 US

Title: V ( ) Delete  
Name: SMITH, ALFRED,  
Address: 426 JOHNSON BLVD  
City-St-Zip: LIVE OAK, FL 32064 US

Title: TREA ( ) Delete  
Name: SMITH, KENNETH H TREASUR  
Address: 213 SHELBY AVE N.W.  
City-St-Zip: LIVE OAK, FL 32064 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

03/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date