


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000089010 1. Entity Name NORTH SIDE PIZZA, INC.	
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Principal Place of Business 367-7 NEW BERLIN RD. JACKSONVILLE, FL 32218	Mailing Address P O BOX 489 NEW PORT RICHEY, FL 34652-0489
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DO NOT WRITE IN THIS SPACE



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3674910	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEAR, ROBERT L ESQ
2790 SUNSET POINT RD
CLEARWATER, FL 33759

**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 _____
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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000298265 04/11/05-80061-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CHRISTOPHER A 5711 WESTSHORE DR. NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEA, SEAN PATRICK 355 MONUMENT RD #11A JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GERMAIN, GERALD 1703 PELICAN PLACE MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: CHRISTOPHER A Smith 4/7/05 727-847-1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #