

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000089010

1. Entity Name
NORTH SIDE PIZZA, INC.



Principal Place of Business
**367-7 NEW BERLIN RD.
JACKSONVILLE, FL 32218**

Mailing Address
**P O BOX 489
NEW PORT RICHEY, FL 34652-0489**



03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3674910

Applied For
Not Applicable

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, CHRISTOPHER A
STREET ADDRESS	5711 WESTSHORE DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	SD
NAME	SHEA, SEAN PATRICK
STREET ADDRESS	355 MONUMENT RD #11A
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	TO
NAME	GERMAIN, GERALD
STREET ADDRESS	1703 PELICAN PLACE
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000529359
05/05/06-80069-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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:

Christopher A. Smith

4-16-06 227-847-1323