

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089010

Entity Name: NORTH SIDE PIZZA, INC.

FILED  
Mar 01, 2009  
Secretary of State

## Current Principal Place of Business:

367-7 NEW BERLIN RD.  
JACKSONVILLE, FL 32218

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 489  
NEW PORT RICHEY, FL 346520489

## New Mailing Address:

FEI Number: 59-3674910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEAR, ROBERT L ESQ  
2790 SUNSET POINT RD  
CLEARWATER, FL 33759 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: PD ( ) Delete  
Name: SMITH, CHRISTOPHER A  
Address: 5711 WESTSHORE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete  
Name: SHEA, SEAN PATRICK  
Address: 15223 CAPE DRIVE S  
City-St-Zip: JACKSONVILLE, FL 32226

Title: TD ( ) Delete  
Name: GERMAIN, GERALD  
Address: 1703 PELICAN PLACE  
City-St-Zip: MIDDLEBURG, FL 32068

## 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: CHRISTOPHER A. SMITH

P

03/01/2009

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

\_\_\_\_\_  
Date