

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000026690

1. Entity Name

WESTSIDE PAINT & BODY CORP.



Principal Place of Business

691 N.W. 18 AVENUE
POMPANO BEACH, FL 33069

Mailing Address

691 N.W. 18 AVENUE
POMPANO BEACH, FL 33069



03172008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1099422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, DERRICK
305 NW 16 AVE.
POMPANO BEACH, FL 33069

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000877066
04/11/08-80099-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	NAME
NAME	PHILLIPS, DERRICK L
STREET ADDRESS	305 NW 16 AVE.
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 an office like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-31-08 954-968-6367