## 2004 FOR PROFIT CORPORATION

## May 03, 2004 8:00 am Secretary of State ANNUAL REPORT 05-03-2004 91227 023 \*\*\*150.00 DOCUMENT # P02000071909 1. Entity Name WESTSHORE PIZZA XXIV, INC. Principal Place of Business Mailing Address 1279 KINGS WAY AVE Rd. BRANDON, FL 33510 1279 KINGS WAY AVE Rd. BRANDON, FL 33510 04062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3694619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CHERRY, WILLIAM L JR DO NOT WRITE 1279 KINGSWAY RD BRANDON, FL 33510 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHERRY, WILLIAM L JR NAME 1279 KINGS WAY AVE Rd. STREET ADDRESS BRANDON, FL 33510 CITY-ST-ZIP TITLE ST CHERRY, REBEKAH A NAME 1279 KINGS WAY AVE Rd. STREET ADDRESS BRANDON, FL 33510 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 organized by Chapter 607.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RESIDENT

**FILED** 

Daytime Phone #