


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000107255 1. Entity Name WEST OAKS PIZZA, INC.	
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Principal Place of Business 2951 MARINA BAY DR - NO 130-343 LEAGUE CITY, TX 77573	Mailing Address 2951 MARINA BAY DR - NO 130-343 LEAGUE CITY, TX 77573
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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2042614	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 N DUVAL ST TALLAHASSEE, FL 32303
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**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SCOTTO, NICK 2951 MARINA BAY DR - NO 130-343 LEAGUE CITY, TX 77573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SCOTTO, TERESA 2951 MARINA BAY DR - NO 130-343 LEAGUE CITY, TX 77573
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02/07/06-80022-019 150.00

**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: 
TERESA SCOTTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06 (281) 334-2323
Date Daytime Phone X106