2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2008 8:00 am Secretary of State **DOCUMENT # P97000021702** 03-28-2008 90035 017 ***158.75 WEST SIDE BUILDING, INC. Principal Place of Business Mailing Address 25398 STILLWELL PARKWAY 25398 STILLWELL PARKWAY **BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135** 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 2242025111 5420 St. Suite, Apt. #, etc. Suite, Apt. #, etc. 02252008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Sonita 59-3433418 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARBERA, DONALD 25398 STILLWELL PARKWAY Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS, FL. 34135** Stilling Kwu Zip Code 34 いろ 8. The above oth, in the State of Florida. I am familiar with, and accept mad entity submits this statement for the purpose of changing its registered office or registered agent, or the obligation of registered aftent. 3-25-08 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Delete <u>0</u>b TITLE **Change** ☐ Addition BARBERA, DONALD NAME NAME Barbera Donald STREET ADDRESS 25398 STILLWELL PARKWAY STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS, FL 34135** CITY-ST-ZIP TITLE ☐ Defete TITLE Addition BARBERA, CYNTHIA NAME NAME STREET ADDRESS 25398 STILLWELL PKWY STREET ADDRESS as4ao 11 well BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 chapter 607, Florida Statutes. SIGNATURE: G OFFICER OR DIRECTOR

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