

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90221 025 ***150.00

DOCUMENT # P97000086593 1. Entity Name WEST SHORE PIZZA II, INC.																													
Principal Place of Business 5228 S DALE MABRY BLVD TAMPA, FL 33616			Mailing Address 5228 S DALE MABRY BLVD TAMPA, FL 33616																										
2. Principal Place of Business 371 Channelside Walkway Suite, Apt. #, etc. 504		3. Mailing Address PO Box 13137 Suite, Apt. #, etc.																											
City & State Tampa FL		City & State Tampa FL		4. FEI Number 59-3530103																									
Zip 33602		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent VASATURO, ROBERT 10052 OASIS PALM DRIVE TAMPA, FL 33615			7. Name and Address of New Registered Agent Name: Joseph C. Russo, Esq. Street Address (P.O. Box Number is Not Acceptable): 3708 West Euclid Ave City: Tampa FL Zip Code: 33629																										
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: <i>Joseph C. Russo, Esq.</i> DATE: 4/21/06 <small>Signature, typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>VASATURO, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 13137</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33687</td> <td></td> </tr> </table>			TITLE	P	Delete <input type="checkbox"/>	NAME	VASATURO, ROBERT		STREET ADDRESS	PO BOX 13137		CITY - ST - ZIP	TAMPA, FL 33687		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSTD</td> <td style="width: 30%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Vasatro, Robert</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>371 Channelside Walkway # 504</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Tampa, FL 33602</td> <td></td> </tr> </table>			TITLE	PSTD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	Vasatro, Robert		STREET ADDRESS	371 Channelside Walkway # 504		CITY - ST - ZIP	Tampa, FL 33602	
TITLE	P	Delete <input type="checkbox"/>																											
NAME	VASATURO, ROBERT																												
STREET ADDRESS	PO BOX 13137																												
CITY - ST - ZIP	TAMPA, FL 33687																												
TITLE	PSTD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																											
NAME	Vasatro, Robert																												
STREET ADDRESS	371 Channelside Walkway # 504																												
CITY - ST - ZIP	Tampa, FL 33602																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP						
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP						
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP						
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
NAME																													
STREET ADDRESS																													
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 changed, or on an attachment with an address with all other like empowered.																													
SIGNATURE: <i>Robert Vasatro</i> Date: 4-25-04 Daytime Phone #: 813 957-5334 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													