


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90026 014 ***150.00

DOCUMENT # P97000086593 1. Entity Name WEST SHORE PIZZA II, INC.																																			
Principal Place of Business 371 CHANNELSIDE WALKWAY 504 TAMPA, FL 33602		Mailing Address P.O. BOX 13137 TAMPA, FL 33681																																	
2. Principal Place of Business - No P.O. Box # 5228 S. Dale Mabry Suite, Apt. #, etc.		3. Mailing Address 5228 S. Dale Mabry Suite, Apt. #, etc.																																	
City & State Tampa, FL Zip 33611 Country USA		City & State Tampa, FL Zip 33611 Country USA																																	
4. FEI Number 59-3530103		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent RUSSO, JOSEPH C ESQ 3708 WEST EUCLID AVE TAMPA, FL 33629		7. Name and Address of New Registered Agent Name James C. Carral Street Address (P.O. Box Number is Not Acceptable) 5228 S. Dale Mabry City Tampa FL Zip 33611																																	
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 <u><i>James C. Carral</i></u> 4-9-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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:50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%;"> PSTD VASAHARO, ROBERT 371 CHANNELSIDE WALKWAY 504 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VASAHARO, ROBERT 371 CHANNELSIDE WALKWAY 504 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%;"> PSTD James C. Carral 5228 S. Dale Mabry Tampa, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD James C. Carral 5228 S. Dale Mabry Tampa, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition														
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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: <u><i>James C. Carral</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-9-07 813 835-5757 <small>Date Daytime Phone #</small>																																	