

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90034 036 ***150.00

DOCUMENT # P98000102313

1. Entity Name

WEST SIDE SKATE SHOP, INC.



Principal Place of Business

39332 US 19
TARPON SPRINGS FL 34689

Mailing Address

39332 US 19
TARPON SPRINGS FL 34689



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-3544453

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTESI, JOHN R
39332 US 19
TARPON SPRINGS FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ D ☐ Director
NAME MONTESI, JOHN R
STREET ADDRESS 1048 TRAFALGAR DRIVE
CITY-STATE-ZIP NEW PORT RICHEY FL 34655

TITLE ☒ D ☐ Director
NAME MONTESI, JANET E
STREET ADDRESS 1048 TRAFALGAR DRIVE
CITY-STATE-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ D ☐ Director
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ D ☐ Director
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ D ☐ Director
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ D ☐ Director
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exempt From Fee

1/22/08 727 215 7588