



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000107712	
1. Entity Name WESTSIDE TRUCKING, INC.	

Principal Place of Business 4507 SAN DIEGO AVENUE FORT PIERCE, FL 34946	Mailing Address 4507 SAN DIEGO AVENUE FORT PIERCE, FL 34946
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DO NOT WRITE IN THIS SPACE

	
01262004 No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0969006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLLETT, ERIC
4507 SAN DIEGO AVENUE
FORT PIERCE, FL 34946

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD GOLLETT, ERIC 4507 SAN DIEGO AVENUE FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KING, ORENE 4507 SAN DIEGO AVENUE FORT PIERCE, FL 34946
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03/05/04-80030-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **March, 2 - 04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #