

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030705

Entity Name: HILLSIDE GARDENS, INC.

FILED  
May 05, 2006  
Secretary of State

## Current Principal Place of Business:

242 COUNTRYSIDE KEY BLVD.  
OLDSMAR, FL 34677

## New Principal Place of Business:

3434 ZARA WAY  
CLEARWATER, FL 33761

## Current Mailing Address:

242 COUNTRYSIDE KEY BLVD.  
OLDSMAR, FL 34677

## New Mailing Address:

1749 MAPLELEAF BLVD  
OLDSMAR, FL 34677

FEI Number: 22-3863070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALVAS, JOHN  
242 COUNTRYSIDE KEY BLVD.  
OLDSMAR, FL 34677 US

## Name and Address of New Registered Agent:

SALVAS, JOHN  
1749 MAPLELEAF BLVD  
OLDSMAR, FL 34677 US

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.

SIGNATURE:

05/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SALVAS, JOHN  
Address: 242 COUNTRYSIDE KEY BLVD.  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: SALVAS, DORIS  
Address: 242 COUNTRYSIDE KEY BLVD.  
City-St-Zip: OLDSMAR, FL 34677

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SALVAS, JOHN  
Address: 1749 MAPLELEAF BLVD  
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change ( ) Addition  
Name: SALVAS, DORIS  
Address: 1749 MAPLELEAF BLVD  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS SALVAS

D

05/05/2006

Electronic Signature of Signing Officer or Director

Date