

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

|                                         |  |
|-----------------------------------------|--|
| <b>DOCUMENT # P95000016513</b>          |  |
| 1. Entity Name<br><b>SIDEJOBS, INC.</b> |  |



|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>26 RYKEN LANE<br/>PALM COAST FL 32164<br/>US</b> | Mailing Address<br><b>26 RYKEN LANE<br/>PALM COAST FL 32164<br/>US</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E034 (10/05)

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br><b>59-3298667</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|                                                                                                                     |  |                                                    |  |
|---------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>LYNN, LEONARD L<br/>26 RYKEN LANE<br/>PALM COAST FL 32164</b> |  | 7. Name and Address of New Registered Agent        |  |
| Name                                                                                                                |  | Name                                               |  |
| Street Address (P.O. Box Number is Not Acceptable)                                                                  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
| City                                                                                                                |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

| 10. OFFICERS AND DIRECTORS |                     |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|---------------------|---------------------------------|--|-------------------------------------------------------|--|---------------------------------|-----------------------------------|
| TITLE                      | P                   | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | LYNN, LEONARD L     |                                 |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 26 RYKEN LANE       |                                 |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | PALM COAST FL 32164 |                                 |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      | ST                  | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | LYNN, SHELLEY J     |                                 |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             | 26 RYKEN LANE       |                                 |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                | PALM COAST FL 32164 |                                 |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                |                     |                                 |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                |                     |                                 |  | CITY-ST-ZIP                                           |  |                                 |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 |  | NAME                                                  |  |                                 |                                   |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS                                        |  |                                 |                                   |
| CITY-ST-ZIP                |                     |                                 |  | CITY-ST-ZIP                                           |  |                                 |                                   |

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04/27/06-00037-008 150.00

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 like empowered.

SIGNATURE: *Leonard Lynn* 4/10/06 386 4379351