2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# 150037

Entity Name: SOUTHSIDE PARK COMPANY

Current Principal Place of Business:

LAKE BYRD BLVD.
P. O. BOX 727
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

PO BOX 727
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 59-0562767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

METCALFE, CHARLES GINOTS
15 LAKE BYRD BLVD
PO BOX 727
AVON PARK, FL 33826

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	METCALFE,CHARLES G,	
Address:	15 LAKE BYRD BLVD	
City-St-Zip:	AVON PARK, FL	
Title:	VP	( ) Delete
Name:	METCALFE, JR CHARLES G	
Address:	8355 EAST COVERED BRIDGE RD	
City-St-Zip:	AVON PARK, FL 33825	
Title:	S	(X) Delete
Name:	METCALFE,MARION D,	
Address:	15 LAKE BYRD BLVD	
City-St-Zip:	AVON PARK, FL	
Title:	T	( ) Delete
Name:	GROSS, CYNTHIA M	
Address:	13 LAKE BYRD	
City-St-Zip:	AVON PARK, FL 33825	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: METCALFE,CHARLES G P 04/23/2004

Electronic Signature of Signing Officer or Director — Date