## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 04, 2006 8:00 am Secretary of State 05-04-2006 90230 027 \*\*\*150.00 **DOCUMENT # 150037** Entity Name SOUTHSIDE PARK COMPANY Principal Place of Business Mailing Address 40084398 PO BOX 727 LAKE BYRD BLVD. P. O. BOX 727 AVON PARK, FL 33825 AVON PARK, FL 33825 2. Principal Place of Business 3. Mailing Address 3 Loke Byrd Blud. Southside Park Co. Suite, Apt. #, etc. Aven Park Suite, Apt. #, etc 04252006 Chg-P CR2E034 (11/05) 13 Lake By City & State City & State Applied For 4. FEI Number 59-0562767 Not Applicable 33825 Country USA \$8.75 Additional 5. Certificate of Status Desired us A 3825 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Cynthia Metcalfe Gross METCALFE, CHARLES GINOTS Street Address (P.O. Box Number is Not Acceptable) 15 LAKE BYRD BLVD PO BOX:727 AVON PARK, FL 33826 13 Lake Byrd Blud. City Avon Park 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. President Cysthe nets (NOTE Registered Agent signatur aquired when reinsuling) President Metcelfe Gross 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE middle Lest Change METEILL GROSS, CYNTHIA Cynthia metcalle MAME NAME 13 LAKE BYRD BLVD. STREET ADDRESS STREET ADDRESS 13 Lake Byrd Blud Metcalfe CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP Awn Park FL 33825 THE Delete TITLE Change ☐ Addition METCALFE, JR CHARLES G NAME NAME STREET ADDRESS 8355 EAST COVERED BRIDGE RD STREET ADDRESS CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP TITLE Defete TITLE Change Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UTLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

S OFFICER OR DIRECTOR

**FILED**