


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 180002	
1. Entity Name EAST SIDE GARDEN APARTMENTS, INC.	

Principal Place of Business 1916 ATLANTIC BLVD JACKSONVILLE, FL 32207	Mailing Address 1916 ATLANTIC BLVD JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0735092	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILENSKY, DANIEL
2212 SMULLIAN TRAIL N
JACKSONVILLE, FL 32217

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILENSKY, DANIEL 1916 ATLANTIC BLVD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILENSKY, WILLIAM 1916 ATLANTIC BLVD JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1-6-04** **904-398-** **9889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone