

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 193432**

1. Entity Name  
**SOUTHSIDE BLUEPRINT SERVICE INC**



Principal Place of Business  
**1024 KINGS AVE  
JACKSONVILLE, FL 32207**

Mailing Address  
**PO BOX 10493  
JACKSONVILLE, FL 32247**



08302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0770448**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TUCKER, JAMES A.  
SOUTHSIDE BLUEPRINT SERVICE, INC.  
1024 KINGS AVENUE  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**U000000171279  
08/31/04-80001-001 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB MCDOWELL, MIKE 1234 LAKEWOOD ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLBERT, RALPH C. JR 3924 MISSION DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, STEWART 1007 ELDER LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOWELL, ROBERT ALLEN 1234 LAKEWOOD ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*J.A. Tucker* *J.A. Tucker* *8/30/04* *904-38-0575*