2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 13, 2004 8:00 am Secretary of State **DOCUMENT # 288694** 1. Entity Name 04-13-2004 90028 047 ***150.00 SOUTHSIDE PACKAGE & LOUNGE, INC. Mailing Address Principal Place of Business 1140 SOUTH FLORIDA AVE LAKELAND FL 33803 1140 SOUTH FLORIDA AVE LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1086328 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUCKER, HENRY E. Street Address (P.O. Box Number is Not Acceptable) 1140 S. FLA AVE 2318 COVENTRY AVE LAKELAND FL 33803 City 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 DATE Signature, typed or profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstature) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. STD TITLE Change Addition ЯΠЕ ☐ Delete NAME TUCKER, J.G. NAME 2408 COVENTRY AVENUE STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP TITLE PD ☐ Delete ☐ Change ☐ Addition NAME TUCKER, H.E. NAME STREET ADDRESS 2318 COVENTRY AVENUE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 00000 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME-TUCKER, C.A. NAME STREET ADDRESS STREET ADDRESS 2318 COVENTRY AVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL VD Change ☐ Addition TITLE ☐ Delete TITLE TUCKER, JH NAME NAME STREET ADDRESS 2408 COVENTRY AVE STREET ADDRESS LAKELANE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

HENOUN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED