2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 611094

1. Entity Name
SIDES CARS & TRUCKS, INC.

Principal Place of Business
300 MAGNOLIA ST
P.O. BOX 702
NEW SMYRNA BEACH, FL 32170

Mailing Address
300 MAGNOLIA ST
P.O. BOX 702
NEW SMYRNA BEACH, FL 32170

DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10-03)

4. ID Number
59-1858187

Applied / Not Appl

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

6. Name and Address of Current Registered Agent

SIDES, ELWOOD JR
300 MAGNOLIA ST
NEW SMYRNA BEACH, FL

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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 ____________________

FILE NOW!!! FEE is $150.00
After May 1, 2005 Fee will be $550.00

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

U00000202737
01/29/05--80002--006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIDES, ELWOOD JR
STREET ADDRESS	4194 SAXON DR
CITY-ST-ZIP	NEW SMYRNA BEACH FL,
TITLE	STD
NAME	SIDES, FRANCES
STREET ADDRESS	4194 SAXON DR
CITY-ST-ZIP	NEW SMYRNA BEACH FL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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 11 or if not, an officer as listed with an address, with all other like empowered.

SIGNATURE: Elwood B. Sides Jr 1-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE