

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

07-05-2006 90001 033 ***150.00

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**



08302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
300 Magnolia St
Suite, Apt. #, etc.

3. Mailing Address
PO Box 702
City & State
New Smyrna Beach FL

City & State
New Smyrna Beach, FL
Zip
32168
Country
Volusia

City & State
New Smyrna Beach, FL
Zip
32170-0702
Country
Volusia

4. FEI Number
59-1958197
Applied For
☐ Not Applicable

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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 *Elwood B. Sides*

8-30-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing agent)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SIDES, ELWOOD JR	
STREET ADDRESS	4193 SAXON DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	STD	☐ Delete
NAME	SIDES, FRANCES	
STREET ADDRESS	4193 SAXON DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Change ☐ Addition
NAME	SIDES, ELWOOD JR	
STREET ADDRESS	1 John Anderson Drive #310	
CITY-ST-ZIP	Ormond Beach, FL 32175	
TITLE	STD	☐ Change ☐ Addition
NAME	SIDES, FRANCES	
STREET ADDRESS	1 John Anderson Drive #312	
CITY-ST-ZIP	Ormond Beach, FL 32175	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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.

RIGHTS OF *Elwood B. Sides*

8-30-06

ATTACHMENT

8-30-06

66023816
611094

TO WHOM IT MAY CONCERN:

ON 07-06-2006 WE SENT IN OUR PAYMENT FOR \$150.00 FOR DOCUMENT # 611094.

THAT IS WHEN WE FIRST RECIEVED THE RENAWL CARD IN THE MAIL. WE NOW HAVE RECIEVED A NOTICE OF INTENT TO DISSOLVE. WE SPOKE TO ONE OF THE ADJUSTERS AND EXPLAINED TO THEM THAT WE PAID THE RENEWAL FEE WITH THE NOTICE WHEN WE RECIEVED IT. NOW THEY SAY WE OWE \$400.00 LATE FEES WHEN WE PAID AS SOON AS WE RECIEVED NOTICE. SINCE WE DID PAY RENEWAL FEES AT TIME OF NOTICE SENT TO US WE ARE REQUESTING WAIVER OF LATE FEES. HAVE SPOKE TO ADJUSTERS UP THERE AND THEY SAID TO WRITE A LETTER. WE DO NOT SEEM TO RECIEVE THE LETTERS FROM YOU; BUT WE GET THE CARDS WITH NOTICE ON THEM. PLEASE LET US KNOW ARE STANDINGS ON THIS MATTER. YOU MAY REACH US AT 386-427-1797.

THANK YOU,

Elwood B. Sides Jr.
ELWOOD B. SIDES, JR.
OWNER/PRESIDENT

Payment already sent and you have cashed check
Have called every week and your agents kept saying sending
form Have still not received form sending this form