2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State			
DOCU	MENT # 650513				•		
1. Entity Name CHARLES S. WHITESIDE, INC.							
_, _, _,	·	·					
Principal Plac		Mailing Address	···				
250 72ND DR., NORTH 250 72ND DR., NORTH W PALM BCH, FL 33413 W PALM BCH, FL 33413							
				1111111111		A RUBER BURIT ATTAK	# (# 1) # (# 1) # (# 1) # (# 1) # (# 1) # (# 1) # (# 1) # (# 1) # (# 1) # (# 1) # (# 1) # (# 1) # (# 1) # (# 1
			01062004	No Chg-P	CR2E03	4 (10/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb			Applied For
				59-198			Not Applicable 8.75 Additional
	6. Name and Address of Current Re	gistered Agent		5. Certificate	of Status Desired		ee Required
		1					
COMMANDER, JONATHAN 205 WORTH AVE, STE 201 PALM BEACH, FL 33480				DO	NOT W	RITE	
				IN T	THIS SP	ACE	
		_					
	named entity submits this statement for the	e purpose of changing its registe	red office or register	ed agent, or bo	th, in the State of Flo	rida. I am fa	miliar with, and accept
,	2019 21 125-2100 22 25-21111					•	
SIGNATURE Signature typed or printed name or registered agent and title it applicable (NOTE Registered Agent signature (signature (signature (signature (signature (signature (signature (signature))))) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees			
TO.	OFFICERS AND DI	RECTORS	- · · · · · ·				
NAME	WHITESIDE, CHARLES S	-			U000C	001134	4 -008 150.00
STREET ADDRESS '	4266 S LANDAR DROVE LAKE WORTH, FL 334638913				01/23/04	I-80034	-008 150.00
TITLE	OP						
NAME STREET ADDRESS	EVERETT, JOHN M. 577 S COUNTRY CLUB DRIVE						
CITY-ST-ZIP TITLE	ATLANTIS, FL 33462	B 4 . 12 1999					200
NAME							
STREET ADDRESS Caty-St-Zip				DO	NOT W	RITE	•
TATLE NAME				IN .	THIS SP	ACE	
STHEET ADDRESS							
CITY-ST-ZIP			1	-			
title Name			l				
STREET ADDRESS City-St-Zip							
TITLE			1				
NAME STREET ADDRESS							

12. Thereby 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 of trustee comprovered 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 accuracy with a statement with a statement with an accuracy with a statement with an accuracy with a statement with a statement with an accuracy with a statement with a st

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M Everett

President

561-471-7696

Daylime Phone #