

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90379 019 ***150.00

DOCUMENT # 684174

1. Entity Name
SOUTHSIDE LAND COMPANY.



Principal Place of Business

**P.O. BOX 7691
JACKSONVILLE, FL 32238 US**

Mailing Address

**P.O. BOX 7691
JACKSONVILLE, FL 32238 US**

14012032



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3026505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILNE, DOUGLAS J.
4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210**

**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 \$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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSV MILNE, DOUGLAS J 4595 LEXINGTON AVE #100 JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ASHBY, C L G 1604 STOCKTON ST. JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LEMMEL, DAVID E 1303 PULLEN RD JACKSONVILLE, FL 00000,
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DS Milne DS Milne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 904.387.5400