## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 A **DOCUMENT #684174 Secretary of State** SOUTHSIDE LAND COMPANY. Principal Place of Business Mailing Address P.O. BOX 7691 P.O. BOX 7691 JACKSONVILLE, FL 32238 JACKSONVILLE, FL 32238 US No Chg-P 04172006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3026505 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILNE, DOUGLAS J. DO NOT WRITE **4595 LEXINGTON AVENUE** JACKSONVILLE, FL 32210 IN THIS SPACE 3. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !S \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DSV TITLE U00000545567 MILNE, DOUGLAS J NAME 05/11/06-80082-017 150.00 STREET ADDRESS 4595 LEXINGTON AVE #100 CITY-ST-ZIP JACKSONVILLE, FL 00000, TITLE ASHBY, CLG NAME STREET ADDRESS 1604 STOCKTON ST. CITY-ST-ZIP JACKSONVILLE, FL 00000. TITLE NAME LEMMEL, DAVID E STREET ADDRESS 1303 PULLEN RD DO NOT WRITE CITY-ST-ZIP JACKSONVILLE, FL 00000, TILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 ceth; 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

904.387.540

Daytime Phone #

FILED