## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000006141

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

,	2	SIDE PROPERTIES, INC	<i>)</i> .			
Current Principal Place of Business:				New Principal Place of Business:		
	RAL AVENU	JE				
#112 FORT MYE	RS, FL 3390	)1				
Current Mailing Address:			N	New Mailing Address:		
	S AVENUE	NW				
SUITE 2 MASSILLOI	N, OH 44646	3				
FEI Number:	34-1729763	FEI Number Applied For	( ) FEI Numb	er Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Ago	ent: N	lame and Address o	of New Registered Agent:	
STEVENSON, THOMAS L 2825 CENTRAL AVENUE			1	EBELINI, MARK A 1625 HENDRY STREET, 3RD FLOOR FORT MYERS, FL 33901 US		
#112 FORT MYERS, FL 33901 US			F			
The above in the State		submits this statement for	or the purpose of o	changing its registere	d office or registered agent, or both,	
SIGNATUR	E: MARK A	EBELINI			04/29/2008	
	Electro	nic Signature of Register	ed Agent		Date	
Election Cam		ng Trust Fund Contribution (	).			
				ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
OFFICERS	paign Financir AND DIREC	CTORS:		ïtle:	ES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition	
OFFICERS	paign Financir AND DIRECTORY CP ( OAKES, GARE	CTORS:	Т М			
OFFICERS Title: Name:	paign Financir AND DIRECTORY CP ( OAKES, GARE	CTORS: ) Delete RY L AVENUE NW, SUITE 2	Т М А	îtle: lame:		
OFFICERS Title: Name: Address:	Paign Financir  AND DIRECT  CP ( OAKES, GARE 3775 WALES MASSILLON, C	CTORS: ) Delete RY L AVENUE NW, SUITE 2	<b>,</b> T N A	iitle: lame: .ddress:		
OFFICERS Title: Name: Address: City-St-Zip: Title: Name:	Paign Financir  AND DIRECT  CP  OAKES, GARF  3775 WALES  MASSILLON, CO  VCVP  SHAHEEN, KA	CTORS:  ) Delete RY L  AVENUE NW, SUITE 2  DH 44646  ) Delete  LEEL J	# T N A C T	itle: lame: .ddress: bity-St-Zip: itle: lame:	( ) Change ( ) Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GARRY LOAKES CP 04/29/2008

( ) Delete

SWEITZER, DONALD G

CANTON, OH 44709

1636 AMBLER AVENUE SW

() Change () Addition