


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # F96612 1. Entity Name SOUTHSIDE HOLDING, INC.	
---	---

Principal Place of Business P.O. BOX 7691 P.O. BOX 41222 JACKSONVILLE, FL 32238 US	Mailing Address P.O. BOX 7691 JACKSONVILLE, FL 32238 US
---	---



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3026504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MILNE, DOUGLAS J. 4595 LEXINGTON AVE #100 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ASHBY C.L.G. 1604 STOCKTON ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HIGHTOWER, BEN 1514 NIRA ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEMMEL, DAVID 1303 PULLEN RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000545577 05/11/06-80082-018 150.00
DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: DS Milne, DSMILNE 4/28/06 904.387.5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #