2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H92232

1. Entity Name

SOUTHSIDE FARM & PET SUPPLY, INC.



Principal Place of Business

Mailing Address

3012 S. JIM REDMAN PARKWAY PLANT CITY, FL 33566 3012 S. JIM REDMAN PARKWAY PLANT CITY, FL 33566 FILED Apr 09, 2007 08:00 All Secretary of State



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03152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2617957

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DER, DENNIS J. 3012 S JIM REDMAN PARKWAY HIGHWAY 39 SOUTH PLANT CITY, FL 33566

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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 applicab

NOTE: Registered Agent signature required when reinstating)

DATE)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. DΡ TITLE DER, DENNIS J. NAME 3114 N CHITTY ROAD STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL D TITLE DER, LORI NAME STREET ADDRESS 3114 N CHITTY ROAD CITY-ST-ZIP PLANT CITY, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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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:

NAME STREET ADDRESS CITY-ST-ZIP

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8/3/22-237

Daytime Phone #