

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03725

FILED
Apr 14, 2005
Secretary of State

Entity Name: EASTSIDE INSURANCE CENTER, INC.

Current Principal Place of Business:

3101 N. MAIN ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

3101 N. MAIN ST
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-2666918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANKFORD, DENISE
14338 MARSH HAMMOCK DR S
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

WARE, LINDA L MGRAGT
1500 BEECHER LANE
ORANGE PARK, FL 32073 US

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.

SIGNATURE: LINDA L. WARE

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR () Change (X) Addition
Name: WARE, LINDA L MGRAGT
Address: 1500 BEECHER LANE
City-St-Zip: ORANGE PARK, FL 32073 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LINDA L WARE

MGR

04/14/2005

Electronic Signature of Signing Officer or Director

Date