


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J73327	
1. Entity Name EASTSIDE FARM AND GARDEN, INC.	

Principal Place of Business % CARRIE D. BIELLING 225 NORTH HIGHWAYS 17-91 HAINES CITY, FL 33844	Mailing Address % CARRIE D. BIELLING 225 NORTH HIGHWAYS 17-91 HAINES CITY, FL 33844
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04302006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2844618	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 BIELLING, CARRIE D 225 NORTH HIGHWAYS 17-92 HAINES CITY, FL 33844

**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 <u><i>Carrie Bielling</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4/30/06</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BIELLING, CARRIE D 225 N 17-92 HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BIELLING, TERRY 225 N 17-92 HAINES CITY, FL 33844
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05/18/06-80049-013 150.00

**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: <u><i>Carrie Bielling</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4/30/06</u> <u>363-422-619</u> <small>Daytime Phone #</small>