## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003554

Entity Name: ON THE WILD SIDE, INC.

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 245 PONCE DE LEON, FL 32455				2654 WOLF HOLLOW DRIVE PONCE DE LEON, FL 32455			
Current Mailing Address:				New Mailing Address:			
P.O. BOX PONCE D	245 E LEON, FL 3	32455					
FEI Number: 20-0014974 FEI Number Applied For() FEI Number				mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and	l Address of	Current Registered Agent:		Name and	Address of	New Registered Age	ent:
2654 WOL	), JOSEPH .F HOLLOW [ E LEON, FL :						
	named entity e of Florida.	submits this statement for the pu	rpose o	f changing i	ts registered	office or registered ag	gent, or both,
SIGNATUI	RE:						
	Electro	nic Signature of Registered Agen	it			Date	_
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGE	S TO OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	SORVILLO, JO 2654 WOLF H	) Delete OSEPH OLLOW DRIVE EON, FL 32455		Title: Name: Address: City-St-Zip:	SORVILLO, J 2654 WOLF I	(X) Change ( ) Addition OSEPH HOLLOW DRIVE EON, FL 32455	
Title: Name: Address: City-St-Zip:	SORVILLO, C. 2654 WOLF H	) Delete AROL A OLLOW DRIVE EON, FL 32455		Title: Name: Address: City-St-Zip:	SORVILLO, C 2654 WOLF I	(X) Change ( ) Addition CAROL A HOLLOW DRIVE EON, FL 32455	
Title: Name: Address: City-St-Zip:	DARMETKO, I 2654 WOLF H	) Delete PAUL S OLLOW DRIVE EON, FL 32455		Title: Name: Address: City-St-Zip:	DARMETKO, 1400 SW 9TH		
Title: Name: Address: City-St-Zip:	DARMETKO, I	TERRACE #101		Title: Name: Address: City-St-Zip:	DARMETKO, 5545 NW 125		
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	CUTTING, RC 1552 SKELTO		
Title: Name: Address:	(	) Delete		Title: Name: Address:		( ) Change (X) Addition DU & JOANNE	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip: PONCE DE LEON, FL 32455

SIGNATURE: CAROL A SORVILLO STD 04/14/2005

City-St-Zip: