

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003554

FILED
Apr 09, 2009
Secretary of State

Entity Name: ON THE WILD SIDE, INC.

Current Principal Place of Business:

2654 WOLF HOLLOW DRIVE
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 245
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 20-0014974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORVILLO, JOSEPH
2654 WOLF HOLLOW DRIVE
PONCE DE LEON, FL 32455 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SORVILLO, JOSEPH
Address: 2654 WOLF HOLLOW DRIVE
City-St-Zip: PONCE DE LEON, FL 32455

Title: STD () Delete
Name: SORVILLO, CAROL A
Address: 2654 WOLF HOLLOW DRIVE
City-St-Zip: PONCE DE LEON, FL 32455

Title: D () Delete
Name: DARMETKO, PAUL S
Address: 3831 ST RD 84 #107
City-St-Zip: DAVIE, FL 33312

Title: VPD () Delete
Name: DARMETKO, DANIEL B
Address: 2914 NE 8TH TERR #101
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: WARD, TINA M
Address: 415 SOUTH 12TH STREET
City-St-Zip: DE FUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CAROL A SORVILLO

STD

04/09/2009

Electronic Signature of Signing Officer or Director

Date