


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90034 043 ****61.25

DOCUMENT # N97000002399	
1. Entity Name SIDE BY SIDE OF WINTER SPRINGS, INC.	

Principal Place of Business 575 TUSCAWILLA RD WINTER SPRINGS, FL 32708	Mailing Address 575 TUSCAWILLA RD WINTER SPRINGS, FL 32708
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02132004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3450851	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DULA, GAIL 575 TUSCAWILLA RD WINTER SPRINGS, FL 32708	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DULA, GAIL	NAME	
STREET ADDRESS	1103 SHADOWBROOK TRAIL	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMETTA, FRANK V	NAME	
STREET ADDRESS	964 KEEP WAY LOOP	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGRAVE, THOMAS M	NAME	
STREET ADDRESS	818 LULLWATER DR.	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, PHYLLIS J	NAME	
STREET ADDRESS	1500 INDEPENDENCE AVENUE	STREET ADDRESS	5560 S. LAKE BUARETT LANE
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICK, MICHAEL	NAME	
STREET ADDRESS	321 W. FRANKLIN STREET	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK V. ARMETTA, TD 2/13/04 407 366-0679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #