

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 02, 2008
Secretary of State

DOCUMENT# N97000002399

Entity Name: SIDE BY SIDE OF WINTER SPRINGS, INC.**Current Principal Place of Business:**575 TUSCAWILLA RD
WINTER SPRINGS, FL 32708**New Principal Place of Business:**836 BENTLEY GREEN CIRCLE
WINTER SPRINGS, FL 32708**Current Mailing Address:**575 TUSCAWILLA RD
WINTER SPRINGS, FL 32708**New Mailing Address:**836 BENTLEY GREEN CIRCLE
WINTER SPRINGS, FL 32708**FEI Number:** 59-3450851**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DULA, GAIL
575 TUSCAWILLA RD
WINTER SPRINGS, FL 32708 US**Name and Address of New Registered Agent:**HARGRAVE, TOM M
818 LULLWATER DR
OVIEDO, FL 32765 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: TOM HARGRAVE

06/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DULA, GAIL
Address: 7673 WINDING LAKE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: ARMETTA, FRANK V
Address: 836 BENTLEY GREEN CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: HARGRAVE, THOMAS M
Address: 818 LULLWATER DR.
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete
Name: MANN, PHYLLIS J
Address: 5560 S. LAKE BURKETT LANE
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Delete
Name: BRICK, MICHAEL
Address: 321 W. FRANKLIN STREET
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARGRAVE, TOM M
Address: 818 LULLWATER DR
City-St-Zip: OVIEDO, FL 32765

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

Title: SD (X) Change () Addition
Name: MARSDEN, LINDA
Address: 131 SPRINGWOOD WAY
City-St-Zip: CASSELBERRY, FL 32707

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: FRANK V ARMETTA

TD

06/02/2008

Electronic Signature of Signing Officer or Director

Date