


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000022709**  
 1. Entity Name  
 1840 SOUTHSIDE, INC.



Principal Place of Business      Mailing Address  
 1840 SOUTHSIDE BLVD, SUITE 1A      1840 SOUTHSIDE BLVD, SUITE 1A  
 JACKSONVILLE, FL 32216      JACKSONVILLE, FL 32216

**DO NOT WRITE IN THIS SPACE**



01172008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3701454</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHRAGER, WILLIAM  
 1840 SOUTHSIDE BLVD. 1A  
 JACKSONVILLE, FL 32216

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

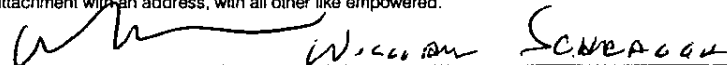
**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SCHRAGER, WILLIAM
STREET ADDRESS	2527 VIBURNUM CT
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	RADTKE, DEAN
STREET ADDRESS	2801 RACHEAL AVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000793507  
 01/25/08-80011-019 150.00

**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:**       **WILLIAM SCHRAGER**      01-17-08      219 150 5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #