


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000053327
 1. Entity Name
 3680 HILLSIDE ASSOCIATES, INC.



Principal Place of Business Mailing Address
 125 E MERRITT ISLAND CSWY 125 E MERRITT ISLAND CSWY
 STE 209153 STE 209153
 MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3721764 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SOILEAU, JOHN L
 3490 NORTH US HWY 1
 COCOA, FL 32926

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISCHER, CHARLES A II
STREET ADDRESS	125 E MERRITT ISLAND CSWY STE 209153
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	SCIACCA, ANTHONY JR.
STREET ADDRESS	125 E MERRITT ISLAND CSWY STE 209153
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	DUBOVEC, RUDY J
STREET ADDRESS	125 E MERRITT ISLAND CSWY STE 209153
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	CARELLO, JOSEPH R
STREET ADDRESS	125 E MERRITT ISLAND CSWY STE 209153
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Charles Fischer 1-28-05 321-459-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #