


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90001 043 ***150.00

DOCUMENT # P02000025081 1. Entity Name THE WRITE SIDE OF ME PRODUCTIONS, INC.					
Principal Place of Business 1020 NW 23 AVE STE B GAINESVILLE, FL 32609			Mailing Address 1020 NW 23 AVE STE B GAINESVILLE, FL 32609		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-0540243	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCLEOD, BARRY S 1020 NW 23 AVE STE B GAINESVILLE, FL 32609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 \$850.00/150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEOD, BARRY S 1020 NW 23 AVE STE B GAINESVILLE, FL 32609		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6/6/05 352-371-2700 Date Daytime Phone #		

ATTACHMENT

40087542



Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P02000025081
Business Entity Name	THE WRITE SIDE OF ME PRODUCTIONS, INC.
Original File Date	03/01/2002

FEI Number 01-0540243

Principal Address 1020 NW 23 AVE STE B
GAINESVILLE, FL 32609

Mailing Address 1020 NW 23 AVE STE B
GAINESVILLE, FL 32609

Registered Agent BARRY S MCLEOD
1020 NW 23 AVE STE B
GAINESVILLE, FL 32609 US

Officer/Director Name And Address

D
BARRY S MCLEOD
1020 NW 23 AVE STE B
GAINESVILLE, FL 32609

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct
and you do not wish to make any
changes, please select:

No Changes

If you need to make changes to
the above information, please
select:

Make Changes