

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90020 036 \*\*\*158.75

**DOCUMENT # P02000041319**

1. Entity Name  
**SIDCO ENTERPRISES, INC.**



Principal Place of Business  
**8802 CORPORATE SQUARE COURT  
101  
JACKSONVILLE, FL 32216**

Mailing Address  
**8802 CORPORATE SQUARE COURT  
SUITE 101  
JACKSONVILLE, FL 32216**

**60043465**



2. Principal Place of Business - No P.O. Box #  
**9951 Atlantic Blvd**

3. Mailing Address  
**9951 Atlantic Blvd**

Suite, Apt. #, etc.  
**Suite 136**

Suite, Apt. #, etc.  
**Suite 136**

04152008 Chg-P CR2E034 (12/06)

City & State  
**Jacksonville Florida**

City & State  
**Jacksonville FL**

4. FEI Number  
**04-3645155**

Zip  
**32225**

Country  
**USA**

Zip  
**32225**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNS, JOEL M  
12572 ROCK ROSE LANE  
JACKSONVILLE, FL 32225**

Name  
**Joel M. Johns**  
Street Address (P.O. Box Number is Not Acceptable)  
**12572 Rock Rose Lane**  
City  
**Jacksonville** FL Zip Code  
**32225**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD JOHNS, JOEL M 12572 ROCK ROSE LANE JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #