

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000028751

1. Entity Name
PORTSIDE, INC.



Principal Place of Business
47 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561 US

Mailing Address
47 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04-28-2004

90234 045 ***150.00

**FILED
Apr 28, 2004 8:00 am
Secretary of State**

04-28-2004 90234 045 ***150.00

14010956



04272004 Chg-P CR2E034 (10/03)

4. FEI Number
38-3678291

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

R. LANE LYNCHARD, P.A.
1807 ALHAMBRA STREET
NAVARRE, FL 32566

STAVROS N VARVOURIS

Street Address (P.O. Box Number is Not Acceptable)
1754 FAIRCHILD ST

PENSACOLA

FL Zip Code
32504

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 over prints 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

**\$500 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Tina M Vavouriis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 850916 0430

Date

Daytime Phone #