

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 A
Secretary of State

DOCUMENT # P03000122438

1. Entity Name
SOUTHSIDE LANDSCAPING, INC.



Principal Place of Business
**12649 WINDY WILLOWS DR. NORTH
JACKSONVILLE, FL 32225**

Mailing Address
**12649 WINDY WILLOWS DR. NORTH
JACKSONVILLE, FL 32225**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0636166

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKEELS, ROBERT
1821 3RD ST. NORTH
JACKSONVILLE BEACH, FL 32250**

**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 William E. West President William E. West 1/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**check # 5088
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
WEST, WILLIAM E
12649 WINDY WILLOWS DR. NORTH
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
WEST, MICHAEL E
12649 WINDY WILLOWS DR. NORTH
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
HARDEN, CARL D JR.
2658 PARMENTER RD.
BRYCEVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000592793
01/22/07-80006-011 158.75

**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 E. West William E. West 1/17/07 904-219-9261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #