


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90027 025 \*\*\*150.00

<b>DOCUMENT # P03000122551</b> 1. Entity Name <b>GREEN SIDE PROPERTIES, INC.</b>																													
Principal Place of Business <b>7 EASTWOOD LANE BELLEAIR, FL 33756</b>			Mailing Address <b>7 EASTWOOD LANE BELLEAIR, FL 33756</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>5401 Central Ave.</b> Suite, Apt. #, etc.																										
City & State			City & State <b>St. Petersburg, FL</b>																										
Zip <b>33710</b>		Country		4. FEI Number <b>20-0387784</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>MCATEE, CAROL 5401 CENTRAL AVE. ST. PETERSBURG, FL 33710</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																										
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 _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FORD, ROBERT L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7 EASTWOOD LANE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BELLEAIR, FL 33756</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	FORD, ROBERT L		STREET ADDRESS	7 EASTWOOD LANE		CITY- ST- ZIP	BELLEAIR, FL 33756		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u>Robert L Ford Pres</u> 3/23/04 7277874664 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													