


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90032 008 \*\*\*150.00

<b>DOCUMENT # P03000136549</b>	
<b>1. Entity Name</b> PARKSIDE TRUCKING INC.	

<b>Principal Place of Business</b> 108 HICKORY LANE LAKE PLACID FL 33862	<b>Mailing Address</b> P. O. BOX 567 LAKEPLACID FL 33862
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MOORE CR2E034 (11/03)

<b>2. Principal Place of Business</b> 1336 CTY Rd 17 N Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1336 CTY Rd 17 N Suite, Apt. #, etc.
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<b>City &amp; State</b> Lake Placid FL <b>Zip</b> 33852	<b>Country</b> Highlands	<b>City &amp; State</b> Lake Placid FL <b>Zip</b> 33852	<b>Country</b> Highlands
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<b>4. FEI Number</b>	<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> SCHWICHTENBERG, HELMUTH 108 HICKORY LANE LAKE PLACID FL 33862	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <b>FL</b> <b>Zip Code</b>
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<b>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.</b>	
<b>SIGNATURE</b> <i>Helmuth Schwichtenberg</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>DATE</b> 2-10-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> VTD <b>NAME</b> SCHWICHTENBERG, HELMUTH <b>STREET ADDRESS</b> 108 HICKORY LANE <b>CITY-ST-ZIP</b> LAKE PLACID FL 33862	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PD <b>NAME</b> SCHWICHTENBERG, DONNA <b>STREET ADDRESS</b> 108 HICKORY LANE <b>CITY-ST-ZIP</b> LAKE PLACID FL 33862	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VSD <b>NAME</b> SCHWICHTENBERG, SCOTT <b>STREET ADDRESS</b> 6869 N. RIVER RD. <b>CITY-ST-ZIP</b> WESTBEND WI 53090	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>	
<b>SIGNATURE:</b> <i>Helmuth Schwichtenberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>DATE</b> 2-10-04 <small>Daytime Phone #</small>