

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90085 019 \*\*\*150.00

DOCUMENT # P04000029031					
1. Entity Name NORTHSIDE TAVERN CORPORATION					
Principal Place of Business 647 HWY 17 NORTH PALATKA, FL 32177		Mailing Address P.O. BOX 1103 EAST PALATKA, FL 32131			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 80-0098013	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONAHAN, KEVIN R 601 ST. JOHNS AVE. PALATKA, FL 32177			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAVIS, EDWARD		NAME	EDWARD R. DAVIS	
STREET ADDRESS	121 CRYSTAL COVE DR.		STREET ADDRESS	29181 MARIE AVE.	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	MADISON HEIGHTS MI 48071	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, JOSEPH		NAME		
STREET ADDRESS	112 CACA ROAD		STREET ADDRESS		
CITY-ST-ZIP	E. PALATKA, FL 32131		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, KAREN		NAME		
STREET ADDRESS	112 CACA ROAD		STREET ADDRESS		
CITY-ST-ZIP	E. PALATKA, FL 32131		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Karen J. Smith</i>		KAREN J. SMITH		04/29/06 (386) 546-9491	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Day/Date Phone #	

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04252006 Chg-P CR2E034 (11/05)

4. FEI Number 80-0098013 Applied For Not Applicable

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



FL Zip Code

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, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

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SIGNATURE: *Karen J. Smith* KAREN J. SMITH 04/29/06 (386) 546-9491  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #