

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029031

FILED
Feb 19, 2009
Secretary of State

Entity Name: NORTHSIDE TAVERN CORPORATION

Current Principal Place of Business:

647 HWY 17 NORTH
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1103
EAST PALATKA, FL 32131

New Mailing Address:

FEI Number: 80-0098013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAHAN, KEVIN R
601 ST. JOHNS AVE.
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

BANKS, PATRICIA K
519 CRILL AVENUE
PALATKA, FL 32177 US

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.

SIGNATURE: PATRICIA BANKS

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, EDWARD
Address: 29181 MARK AVE
City-St-Zip: MADISON HEIGHTS, MI 48071 US

Title: VP () Delete
Name: DAVIS, KEITH G
Address: PO BOX 1103
City-St-Zip: EAST PALATKA, FL 32131 US

Title: S () Delete
Name: DAVIS, KEITH G
Address: PO BOX 1103
City-St-Zip: EAST PALATKA, FL 32131

Title: D () Delete
Name: DAVIS, EDWARD
Address: 29181 MARK AVE.
City-St-Zip: MADISON HEIGHTS, MI 48071 US

Title: D () Delete
Name: DAVIS, KEITH G
Address: PO BOX 1103
City-St-Zip: EAST PALATKA, FL 32131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH DAVIS

VP

02/19/2009

Electronic Signature of Signing Officer or Director

Date