

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90013 028 ***158.75

DOCUMENT # P04000076958

1. Entity Name
SOUTHSIDE CHOPPERS, INC.



Principal Place of Business
**2220 FIRST AVENUE SOUTH
ST. PETERSBURG, FL 33712**

2222-1 Ave South

Mailing Address
**2220 FIRST AVENUE SOUTH
ST. PETERSBURG, FL 33712**



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2001240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MULLANEY, MICHAEL
2220 FIRST AVENUE SOUTH
ST. PETERSBURG, FL 33712**

**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

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV MULLANEY, MICHAEL 1710 CRESCENT LAKE DR. NO. SAINT PETERSBURG, FL 33704
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MULLANEY, JUANITA 1710 CRESCENT LAKE DR. NO. SAINT PETERSBURG, FL 33704
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Mullaney

3/10/06 (727) 328-1700
Date Daytime Phone #