


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90199 023 \*\*\*158.75

<b>DOCUMENT # P04000076958</b>		
1. Entity Name <b>SOUTHSIDE CHOPPERS, INC.</b>		

Principal Place of Business <b>2220 FIRST AVENUE SOUTH ST. PETERSBURG, FL 33712</b>	Mailing Address <b>2220 FIRST AVENUE SOUTH ST. PETERSBURG, FL 33712</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>2222 - 1st Ave So.</b>	3. Mailing Address <b>2222 - 1st Ave. So.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>St. Petersburg FL</b>	City & State <b>St. Petersburg, FL</b>
Zip <b>33712</b>	Zip <b>33712</b>
Country	Country

02272008 Chg-P CR2E034 (12/06)

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

6. Name and Address of Current Registered Agent	
<b>MULLANEY, MICHAEL 2220 FIRST AVENUE SOUTH ST. PETERSBURG, FL 33712</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

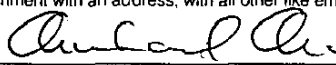
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLANEY, MICHAEL</b>	NAME	
STREET ADDRESS	<b>1710 CRESCENT LAKE DR. NO.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAINT-PETERSBURG, FL 33704</b>	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLANEY, JUANITA</b>	NAME	
STREET ADDRESS	<b>1710 CRESCENT LAKE DR. NO.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33704</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Michael Mullaney, President**

Date: **2/28/08** (727) 328-1830  
Days/Week Phone #