
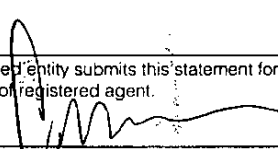


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90097 025 \*\*\*150.00

<b>DOCUMENT # P05000146892</b>			
1. Entity Name <b>SIDE EFFECTS NORTH, INC.</b>			
Principal Place of Business <b>1220 WEST UNIVERSITY AVE GAINESVILLE FL 32601</b>		Mailing Address <b>1220 WEST UNIVERSITY AVE GAINESVILLE FL 32601</b>	
2. Principal Place of Business <b>1220 W. UNIVERSITY AVE</b>		3. Mailing Address <b>same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Gainesville, FL</b>		City & State	
Zip <b>32601</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>FAGAN, CHAD T 1220 WEST UNIVERSITY AVE GAINESVILLE FL 32601</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. SIGNATURE  <b>CHAD FAGAN, President</b> 1/17/06 <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			



1st MOORE CR2E034 (10/05)

4. FEI Number **20-3728812** Applied For  
Not Applicable

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FAGAN, CHAD T 1220 WEST UNIVERSITY AVE GAINESVILLE FL 32601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **CHAD FAGAN** 1/17/06 352-338-9998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #