

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90039 021 \*\*\*150.00

**DOCUMENT # P93000014083**

1. Entity Name  
**EASTSIDE VILLAGE REALTY, INC.**



Principal Place of Business  
~~1 SE PEARL TERR~~ **164 SE Pearl Terr**  
LAKE CITY FL 32025  
US

Mailing Address  
~~RT 23 BOX 1202~~ **164 S. E. PEARL TERR**  
LAKE CITY FL 32025  
US

2. Principal Place of Business  
**164 SE PEARL TERR**  
Suite, Apt. #, etc.

3. Mailing Address  
**164 S.E. PEARL TERRACE**  
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State  
**Lake city FL**

City & State  
**Lake city FL**

Zip  
**32025**

Country  
**U.S.**

Zip  
**32025**

Country  
**U.S.**

4. FEI Number  
**59-3173062**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**DEL'ETOILE, GILL**  
**RT 23 BOX 1488**  
**LAKE CITY FL 32025**

7. Name and Address of New Registered Agent  
Name  
**Ivy Denise Bose**  
Street Address (P.O. Box Number is Not Acceptable)  
**164 S.E. PEARL TERRACE**  
City  
**Lake city** **FL** Zip Code  
**32025**

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 **Ivy Denise Bose** **Ivy Denise Bose** **1/27/04**  
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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	D MORGAN, KIRBY D <del>RT 23 BOX 1488</del> <b>164 SE PEARL TERRACE</b> LAKE CITY FL 32025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, DOROTHY J <del>RT 23 BOX 1488</del> <b>164 SE PEARL TERRACE</b> LAKE CITY FL 32025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL'ETOILE, GILL RT 23 BOX 1488 LAKE CITY FL 32025	<input checked="" 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	<b>Broker</b> <b>Ivy Denise Bose</b> <b>164 S.E. PEARL TERRACE</b>	<input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: **Kirby D. Morgan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_