

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90055 010 \*\*\*150.00

DOCUMENT # P93000050887

1. Entity Name

STATESIDE MANAGEMENT CORPORATION



Principal Place of Business

104 BLVE INDIGO CT.  
KISSIMMEE FL 34743

Mailing Address

104 BLVE INDIGO CT.  
KISSIMMEE FL 34743

50014444

2. Principal Place of Business

NOVA HOUSE

3. Mailing Address

NOVA HOUSE

Suite, Apt. #, etc.

6650 NOVA ROAD

Suite, Apt. #, etc.

6650 NOVA ROAD

City & State

ST. CLOUD, FLORIDA

City & State

ST. CLOUD, FLORIDA

Zip

34771

Country

U.S.A.

Zip

34771

Country

U.S.A.

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3194144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

R. BOYLE  
7217 E. COLONIAL DRIVE, STE.212  
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005 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 DPT ☐ Delete  
NAME CARPENTER-SMITH, MICHAEL R  
STREET ADDRESS 2 ERNEST CLOSE, MIDDLEBOURNE  
CITY-ST-ZIP FARNHAM SU

TITLE DVS ☐ Delete  
NAME CARPENTER-SMITH, SALLY-ANNE P  
STREET ADDRESS 2 ERNEST CLOSE, MIDDLEBOURNE  
CITY-ST-ZIP FARNHAM SU

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CO. SECRETARY

2/8/05

407-957-3365

Date

Daytime Phone #