


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000050887 1. Entity Name STATESIDE MANAGEMENT CORPORATION	
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Principal Place of Business NOVA HOUSE 6650 NOVA ROAD SAINT CLOUD, FL 34771	Mailing Address NOVA HOUSE 6650 NOVA ROAD SAINT CLOUD, FL 34771
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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	DPT CARPENTER-SMITH, MICHAEL R 2 ERNEST CLOSE, MIDDLEBOURNE FARNHAM, SU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CARPENTER-SMITH, SALLY-ANNE P 2 ERNEST CLOSE, MIDDLEBOURNE FARNHAM, SU
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01/10/06-80034-007 150.00

**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:

Sally-Anne P Carpenter-Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06
Date

407-957-3365
Daytime Phone #