

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000050887</b>					
<b>1. Entity Name</b> STATESIDE MANAGEMENT CORPORATION					
<b>Principal Place of Business</b> NOVA HOUSE 6650 NOVA ROAD SAINT CLOUD FL 34771			<b>Mailing Address</b> NOVA HOUSE 6650 NOVA ROAD SAINT CLOUD FL 34771		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3194144	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  R. BOYLE 7217 E. COLONIAL DRIVE, STE.212 ORLANDO FL 32807				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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	000000001862 01/26/07-80086-015 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	DVS CARPENTER-SMITH, SALLY-ANNE P 2 ERNEST CLOSE, MIDDLEBOURNE FARNHAM SU		TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Sally-Anne P. Carpenter-Smith</i> <b>S-A.P. CARPENTER-SMITH</b> 1/20/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/06)

407-957-5365