

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90268 010 ***158.75

DOCUMENT # P95000060053 1. Entity Name EASTSIDE DEVELOPMENT CONTRACTORS, INC.																													
Principal Place of Business 812 NW 1ST STREET FORT LAUDERDALE, FL 33311 US			Mailing Address 812 NW 1ST STREET FORT LAUDERDALE, FL 33311 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 65-0622518			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent DAMERAU, DAVID F 812 NW 1 ST FORT LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name DAVID F. DAMERAU Street Address (P.O. Box Number is Not Acceptable) SAME. 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 X DAVID F. DAMERAU <i>[Signature]</i> 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PTS</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAMERAU, DAVID F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2401 NE 37TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE, FL 33308</td> <td></td> </tr> </table>			TITLE	PTS	<input checked="" type="checkbox"/> Delete	NAME	DAMERAU, DAVID F		STREET ADDRESS	2401 NE 37TH STREET		CITY-ST-ZIP	FT LAUDERDALE, FL 33308		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PTS</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DAMERAU, DAVID F.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>812 NW 1ST ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33308</td> <td></td> </tr> </table>			TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DAMERAU, DAVID F.		STREET ADDRESS	812 NW 1ST ST.		CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
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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: X DAVID F. DAMERAU <i>[Signature]</i> 4/28/05 (954) 525-1032 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																													