

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000022370**

1. Entity Name  
**THE WHITESIDE GROUP, INC.**



Principal Place of Business  
**8470 BELVEDERE ROAD  
WEST PALM BEACH, FL 33411**

Mailing Address  
**8470 BELVEDERE ROAD  
WEST PALM BEACH, FL 33411**



04202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0671422**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WHITESIDE, MARY K  
8470 BELVEDERE ROAD  
WEST PALM BEACH, FL 33411**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000328343  
04/25/05-80072-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WHITESIDE, ANDREW
STREET ADDRESS	3281 PERIMETER DR.
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VP
NAME	WHITESIDE, DARRELL
STREET ADDRESS	5173 WOODLAND DR.
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	ST
NAME	WHITESIDE, MARY K
STREET ADDRESS	3281 PERIMETER DR.
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VPAS
NAME	WHITESIDE, STACY K
STREET ADDRESS	1130 COMMERCE STREET
CITY-ST-ZIP	MADISON, GA 30650
TITLE	VPAS
NAME	WHITESIDE, DUSTIN T
STREET ADDRESS	847 DIXIE AVENUE
CITY-ST-ZIP	MADISON, GA 30650
TITLE	S
NAME	BOYLES, JUDY
STREET ADDRESS	102 PRINCESS CT
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*Judy Boyles, Secty.* **4/24/05 561-753-8210**