

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000012929

Entity Name: SIDES & ASSOCIATES, INC.

FILED  
Feb 04, 2005  
Secretary of State

## Current Principal Place of Business:

151 MARY ESTHER BLVD  
SUITE 507  
MARY ESTHER, FL 32569

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 5554  
DESTIN, FL 32540 US

## New Mailing Address:

FEI Number: 59-3448070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIDES, MARILYN  
151 MARY ESTHER DRIVE  
SUITE 507  
MARY ESTHER, FL 32569 US

## Name and Address of New Registered Agent:

SIDES, MARILYN  
151 MARY ESTHER BLVD  
SUITE 507  
MARY ESTHER, FL 32569 US

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.

SIGNATURE: MARILYN SIDES

02/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SIDES, MARILYN  
Address: P O BOX 5554 N/A  
City-St-Zip: DESTIN, FL 32540

Title: VP ( ) Delete  
Name: SIDES, THOMAS H  
Address: P O BOX 5554 N/A  
City-St-Zip: DESTIN, FL 32540

Title: ST ( ) Delete  
Name: SIDES, THOMAS H  
Address: P O BOX 5554 N/A  
City-St-Zip: DESTIN, FL 32540

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN SIDES

PRES

02/04/2005

Electronic Signature of Signing Officer or Director

Date