


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000087940</b>	
1. Entity Name <b>IRONSIDE, INC.</b>	

Principal Place of Business <b>2909 ST JOHNS AV 13A JACKSONVILLE, FL 32205 US</b>	Mailing Address <b>6000 SAN JOSE BLVD #4C JACKSONVILLE, FL 32217 US</b>
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**DO NOT WRITE IN THIS SPACE**



01212004	No Chg-P	CR2E034 (10/03)
4. FEI Number <b>65-0871477</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BEARDSLEY, DALE A ESQ 4595 LEXINGTON AVE. STE 100 JACKSONVILLE, FL 32210-2058</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000119621</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD NYGAARD, PATRICIA A 2909 ST JOHNS AV 13A JACKSONVILLE, FL 32205</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST JORDAN, MARY I 6000 SAN JOSE BLVD #4C JACKSONVILLE, FL 32217</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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:** Mary I Jordan **MARY I JORDAN** 4/16/04 904-636-9289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #