

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016297

FILED  
Feb 27, 2007  
Secretary of State

Entity Name: SIDE BY SIDE, INC.

**Current Principal Place of Business:**

2723 230TH STREET  
LAKE CITY, FL 32024 US

**New Principal Place of Business:**

**Current Mailing Address:**

2723 230TH STREET  
LAKE CITY, FL 32024 US

**New Mailing Address:**

FEI Number: 65-0902168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JAGER, ANN  
2723 230TH STREET  
LAKE CITY, FL 32024 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: JAGER, MAHLON  
Address: 2723 230TH STREET  
City-St-Zip: LAKE CITY, FL 32024 US

Title: VP ( ) Delete  
Name: JAGER, ANN  
Address: 2723 230TH STREET  
City-St-Zip: LAKE CITY, FL 32024 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: ANN JAGER

VP

02/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date