


**2006 F** **PROFIT CORPORATION**  
**ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000016612</b> 1. Entity Name SOUTHSIDE DEVELOPMENT GROUP, INC.		
Principal Place of Business P.O. BOX 1329 SARASOTA, FL 34230	Mailing Address P.O. BOX 1329 SARASOTA, FL 34230	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MCGINNESS, WILEE 1800 SECOND ST. STE 971 SARASOTA, FL 34236		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GRIFFIN, CARLA T 1924 S OSPREY AVE STE 200 SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SALSER, RANDAL D 1924 S OSPREY AVE STE 200 SARASOTA, FL 34239	
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 exemptions contained 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 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: <u>Randy S. L.</u> <u>V.P.</u> <u>4/20/06 (941) 316-6827</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0901069</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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05/17/06-80014-009 150.00

**DO NOT WRITE  
IN THIS SPACE**