2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # P99000072020

WESTSIDE T'S OF GAINESVILLE, INC.



FILED Apr 28, 2008 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

4445 SW 35TH TERR, SUITE 410 GAINESVILLE, FL 32608

4445 SW 35TH TERR, SUITE 410 GAINESVILLE, FL 32608



04252008

No Chg-P

CR2E034 (11/05)

4. FEI Number 52-2186370 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

WHITE, WILTON L 625 N FLAGLER DR, 9TH FL WEST PALM BEACH, FL 33401			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	I ed office or registered agent, or bo	oth, in the State of Florida. I em fam	Illiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered			d Agent signature required when reinstating)	U00000923444	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees	r - U5/21/U8-80042-0 -	06 150.jiO
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, MICHAEL 4445 SW 35TH TERR, SUITE 410 GAINESVILLE, FL 32608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, DENISE 4445 SW 35TH TERR, SUITE 410 GAINESVILLE, FL 32608			У	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP