

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90040 004 ***150.00

DOCUMENT # S45189

1. Entity Name
SIDCUP CO.



Principal Place of Business

1425 MAIN ST
UNIT D
DUNEDIN, FL 34698 US

Mailing Address

1425 MAIN ST
UNIT D
DUNEDIN, FL 34698 US

2. Principal Place of Business

2307 ORANGEPOINTE AVE

3. Mailing Address

2307 ORANGEPOINTE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

Zip

34683

Country

USA

Zip

34683

Country

USA

01112005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0267568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, VIRGINIA L
1425 MAIN STREET
UNIT D
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2307 ORANGEPOINTE AVE

City

PALM HARBOR

FL

Zip Code

34683

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 *Virginia L. Smith* VIRGINIA L. SMITH

(NOTE: Registered Agent signature required when reinstating)

DATE

11/1/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SMITH, VIRGINIA L | |
| STREET ADDRESS | 2307 ORANGEPOINTE AVENUE | |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SMITH, PETER, M | |
| STREET ADDRESS | 2307 ORANGEPOINTE AVENUE | |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Peter M Smith* PETER M SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/05

Date

727-781-1806

Daytime Phone #