

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # S57572					
1. Entity Name NORTHSIDE INSURANCE AGENCY, INC.					
Principal Place of Business 14009 N DALE MABRY TAMPA FL 33618			Mailing Address 14009 N DALE MABRY TAMPA FL 33618		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3082241	
5. Name and Address of Current Registered Agent MORROW, DAVID 4309 FAIRCOURT DR VALRICO FL 33594				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renewing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	1100000460952 ☐ Change ☐ Add	
NAME	MORROW, DAVID IRWIN		NAME	03/20/06-80030-021 150.00	
STREET ADDRESS	14009 N. DALE MABRY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	FUSSELL, JOHN F JR		NAME		
STREET ADDRESS	14009 N DALE MABRY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: _____

[Handwritten signatures and dates: 03/20/06]