

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000086267

**Entity Name:** SHOPPES OF LAKESIDE, INC.

**Current Principal Place of Business:**

2440 MAYPORT RD.  
#7  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

P O BOX 330108  
ATLANTIC BEACH, FL 32233-0108

**FEI Number:** 59-3212975

**Certificate of Status Desired:** No

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

SORRELL, MARY C  
2440 MAYPORT RD.  
#7  
ATLANTIC BEACH, FL 32233 US

*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

**Officer/Director Detail :**

Title PTSD  
Name HIONIDES, CHRIS  
Address 2240 MAYPORT RD.#7  
City-State-Zip: ATLANTIC BEACH FL 32233

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHRIS HIONIDES

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date