

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90006 011 ***150.00



DOCUMENT # 846363

1. Entity Name
SUNBELT PROPERTIES OF SOUTH CAROLINA, INC.

Principal Place of Business
**403 WOODS LAKE ROAD, SUITE 204
 GREENVILLE, SC 29607-2752**

Mailing Address
**% ELLIOTT DAVIS & COLLP
 P.O. BOX 6286
 GREENVILLE, SC 29606**

54007990



2. Principal Place of Business		3. Mailing Address		02032004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied Fe
City & State		City & State		57-0685359		Not Applic
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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 acknowledge the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	WAGGONER, ZELMA L.			NAME			
STREET ADDRESS	200 KING'S TOWN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	WAGGONER, DONALD F.			NAME			
STREET ADDRESS	200 KING'S TOWN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	JANETTE WESLEY			NAME			
STREET ADDRESS	10 OLD TYLER CT			STREET ADDRESS			
CITY-ST-ZIP	GREENVILLE, SC 29615			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	WAGGONER, KEITH R			NAME			
STREET ADDRESS	4 ENCLAVE CT			STREET ADDRESS	5 Garden Hill Drive		
CITY-ST-ZIP	COLUMBIA, SC 29223			CITY-ST-ZIP	Columbia, SC 29229		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	ANTHONY, LARRY K			NAME			
STREET ADDRESS	4 BRICKHOUSE CT			STREET ADDRESS			
CITY-ST-ZIP	SIMPSONVILLE, SC 29681			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jan Wesley* 2/16/03 864-242-2667
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #