


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90026 039 \*\*\*150.00

**DOCUMENT # G53898**  
 1. Entity Name  
**AMERISOUTH REALTY, INC.**




Principal Place of Business: **10720 S US HWY 1 PORT ST LUCIE FL 34952 US**  
 Mailing Address: **PO BOX 8381 PORT ST LUCIE FL 34985-8381 US**

2. Principal Place of Business: **10515 S. U.S. HIGHWAY 441**  
 3. Mailing Address: **SAME AS BEFORE**

City & State: **BELLEVIEW, FLORIDA**  
 Zip: **34420** Country: **US**

**JUL 1 2005**



1st MOORE CR2E034 (10/04)

4. FEI Number: **59-2313394**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MILLER, LEWIS J.**  
**10720 S US HWY 1**  
**PORT ST LUCIE FL 34952**

7. Name and Address of New Registered Agent  
 Name: **LEWIS J. MILLER**  
 Street Address (P.O. Box Number is Not Acceptable): **10515 S. U.S. HIGHWAY 441**  
 City: **BELLEVIEW**  
 State: **FL** Zip Code: **34420**

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:  DATE: **2-14-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD <input type="checkbox"/> Delete
NAME	<b>MILLER, LEWIS J</b>
STREET ADDRESS	<b>10720 S US HWY 1</b>
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34952 BELLEVIEW, FL 34420</b>
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input 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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR