


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L04270 1. Entity Name SOUTHARC, INC.	
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Principal Place of Business 3700 NW 91ST ST STE D300 GAINESVILLE, FL 32606	Mailing Address 3700 NW 91ST ST STE D300 GAINESVILLE, FL 32606
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03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2957583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DICKINSON, MARTIN F. 5600 S.W. 32ND AVENUE GAINESVILLE, FL 32608	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	U00000082483 03/09/04-80031-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DICKINSON, LONNA S. 5600 SW 32ND AVE. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAYNE, MARTIN J. 5428 NW 32ND ST. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTC WAYNE, LUCY B. 5428 NW 32ND ST GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DICKINSON, MARTIN F. 5600 SW 32ND AVE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Lucy B Wayne Lucy B. Wayne 3/8/04 (352)372-2633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #