


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04270**

1. Entity Name  
 SOUTHARC, INC.



Principal Place of Business	Mailing Address
3700 NW 91ST ST STE D300 GAINESVILLE, FL 32606	3700 NW 91ST ST STE D300 GAINESVILLE, FL 32606

**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2957583	Applied For Not Applicable
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5. Certificate of Status Desired  **\$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**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

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. 5426 NW 32ND ST. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTC WAYNE, LUCY B. 5426 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	

000000313621  
 114/18/05-80132-020 150.00

**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 4/15/05 (352)372-2633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #