

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L04270

Entity Name: SOUTHARC, INC.

FILED
Mar 24, 2008
Secretary of State

Current Principal Place of Business:

3700 NW 91ST ST
STE D300
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3700 NW 91ST ST
STE D300
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-2957583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKINSON, MARTIN F.
5600 S.W. 32ND AVENUE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DICKINSON, LONNA S.
Address: 5600 SW 32ND AVE.
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: WAYNE, MARTIN J.
Address: 5426 NW 32ND ST.
City-St-Zip: GAINESVILLE, FL

Title: VSTC () Delete
Name: WAYNE, LUCY B.
Address: 5426 NW 32ND ST
City-St-Zip: GAINESVILLE, FL

Title: PD () Delete
Name: DICKINSON, MARTIN F.
Address: 5600 SW 32ND AVE
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DICKINSON, LONNA S.
Address: 5600 SW 32ND AVE.
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Change () Addition
Name: WAYNE, MARTIN J.
Address: 5426 NW 32ND ST.
City-St-Zip: GAINESVILLE, FL 32653

Title: VSTC (X) Change () Addition
Name: WAYNE, LUCY B.
Address: 5426 NW 32ND ST
City-St-Zip: GAINESVILLE, FL 32653

Title: PD (X) Change () Addition
Name: DICKINSON, MARTIN F.
Address: 5600 SW 32ND AVE
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUCY B. WAYNE

VP

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date