

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L04270

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: SOUTHARC, INC.

**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:**

DICKINSON, MARTIN F.  
6215 SW 30TH AVENUE  
GAINESVILLE, FL 32608      US

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: \_\_\_\_\_ 02/26/2009  
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 32608

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DICKINSON, LONNA S.  
Address: 6215 SW 30TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: DICKINSON, MARTIN F.  
Address: 6215 SW 30TH AVENUE  
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      VSTC      02/26/2009  
Electronic Signature of Signing Officer or Director      Date