

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L46202

1. Entity Name
SOUTHERN PROPERTY MANAGEMENT CORPORATION

\$150.00



Principal Place of Business
% KEVIN L. STONEBURNER
2150 GOODLETTE RD STE 700
NAPLES, FL 34102 US

Mailing Address
% KEVIN L. STONEBURNER
2150 GOODLETTE RD STE 700
NAPLES, FL 34102 US

FILED

05 MAR 11 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0204356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER, KEVIN L
2150 GOODLETTE RD
SUITE 700
NAPLES, FL 34102

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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

Signature, typed or printed name of registered agent and title if applicable.

(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
STONEBRUNER, KEVIN L
2150 GOODLETTE RD STE 700
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

200048831852
03/22/05--01012--023 **350.00

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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:

KEVIN L. STONEBURNER 02-05-05 239-649-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #