

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028010

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: SOUTHERN COMFORT CABINS, INC.

## Current Principal Place of Business:

4709 CRUMP ROAD  
#24-25  
LAKE HAMILTON, FL 33851

## New Principal Place of Business:

4709 CRUMP ROAD  
#4  
LAKE HAMILTON, FL 33851

## Current Mailing Address:

PO BOX 686  
AUBURNDALE, FL 33823

## New Mailing Address:

FEI Number: 20-0726054      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATHIS, KAREN E  
4709 CRUMP ROAD  
#24-25  
LAKE HAMILTON, FL 33851 US

## Name and Address of New Registered Agent:

MATHIS, KAREN E  
4709 CRUMP ROAD  
#4  
LAKE HAMILTON, FL 33851 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MATHIS, JOHNNY L  
Address: 116 BRIGHTON CIRCLE  
City-St-Zip: AUBURNDALE, FL 33823

Title: VP ( ) Delete  
Name: MATHIS, KAREN E  
Address: 116 BRIGHTON CIRCLE  
City-St-Zip: AUBURNDALE, FL 33823

Title: S ( ) Delete  
Name: MATHIS, KAREN E  
Address: 116 BRIGHTON CIRCLE  
City-St-Zip: AUBURNDALE, FL 33823

Title: T ( ) Delete  
Name: MATHIS, KAREN E  
Address: 116 BRIGHTON CIRCLE  
City-St-Zip: AUBURNDALE, FL 33823

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN E. MATHIS

Electronic Signature of Signing Officer or Director

VP

04/28/2005

Date