


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000059528
 1. Entity Name
 SOUTHRIDGE PROPERTIES, INC.



Principal Place of Business Mailing Address
 COUNTY ROAD 561 4117 COUNTY ROAD 561
 TAVARES, FL 32778 US TAVARES, FL 32778 US

DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3359850 Not Applicable

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

6. Name and Address of Current Registered Agent
 STONE, LEWIS W
 4850 N HWY 19A
 MOUNT DORA, FL 32757

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	PT
NAME	BUTTERFIELD, CRAIG
STREET ADDRESS	14595 ROLLERCOASTER RD
CITY - ST - ZIP	COLORADO SPRINGS, CO 80921
TITLE	VP
NAME	BERENS, PATRICIA
STREET ADDRESS	6755 ROUND LAKE ROAD
CITY - ST - ZIP	MOUNT DORA, FL 32757
TITLE	VP
NAME	BERENS, THOMAS
STREET ADDRESS	81275 W 43RD PLACE
CITY - ST - ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: _____ Date: 2/11/05 Daytime Phone #: 719-484-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR