2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90021 029 ***150.00

DOCUMENT # S42358

1. Entity Name
SOUTHERN CROSS PLANTATION, INC.

94017122

Principal Place of Business	Mailing Address
~~P.O. BOX 1877~~ DESTIN, FL 32540-0164	~~P.O. BOX 1877~~ DESTIN, FL 32540-0164 US

01272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4058 Indian Bayou	4058 Indian Bayou
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin, Florida	City & State: Destin, Florida
Zip: 32541 Country: Okaloosa	Zip: 32541 Country: Okaloosa

4. FEI Number 59-3088144 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, LAURIE W.
4058 INDIAN BAYOU NO.
DESTIN, FL 32548

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	KELLY, LAURIE W.	
STREET ADDRESS	4058 INDIAN BAYOU DRIVE NO.	
CITY-ST-ZIP	DESTIN, FL	
TITLE	D	☐ Delete
NAME	KELLY, BRANT E.	
STREET ADDRESS	4058 INDIAN BAYOUR DRIVE NO.	
CITY-ST-ZIP	DESTIN, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Brant Kelly 2-11-04 850 837-6541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brant Kelly