

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000041954

1. Entity Name
STRATUS SOUTH, INC.



Principal Place of Business
**82 PALMETTO ST
SANTA ROSA BEACH, FL 32459**

Mailing Address
**82 PALMETTO ST
SANTA ROSA BEACH, FL 32459**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number **02-0584130** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KEENE, MARCUS B III
16 CHANEL CT
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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 existing)

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**

**000000064150
02/24/04-80001-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KEENE, MARCUS B III
STREET ADDRESS	16 CHANEL CT
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	D
NAME	PATTERSON, HERBERT W JR
STREET ADDRESS	82 PALMETTO ST
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

M B Keene III
M B KEENE III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/CEO
PRESIDENT/CEO

2/23/04 850.978.1186
2/23/04 850.978.1186
Date Daytime Phone #