2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 21, 2005 8:00 am
Secretary of State
04-08-2005 90032 048 ***150.00

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1. Entity Name
SOUTHERN FINANCIAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756	516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756

04012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2403689 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAKELY, DAVID 516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC WAKELY, DAVID N 516 LAKEVIEW RD. VILLA 2 CLEARWATER, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEVEN D. WAKELY 516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MOULTON, GLENN F 516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VIRGINIA E. KARAGAS 516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TC WAKELY, DAVID N 516 LAKEVIEW RD., VILLA 2 CLEARWATER, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANE W. HERNKE 516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAKELY, FRANCES B 516 LAKEVIEW RD., VILLA 2 CLEARWATER, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WAKELY, FRANCES B. 516 LAKEVIEW RD VILLA 2 CLEARWATER, FL 33756	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOUTON, NANETTE S 516 LAKEVIEW RD., VILLA 2 CLEARWATER, FL 33756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATHRYN W. RYAN 516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIKE, SUSAN W 516 LAKEVIEW RD., VILLA 2 CLEARWATER, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PIKE, SUSAN W 516 LAKEVIEW RD, VILLA 2 CLEARWATER, FL 33756	☒ Change ☐ Addition

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: David Wakely DAVID WAKELY 4/4/05 727-442-4084
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #