2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 149746

1. Entity Name

SOUTHERN INDUSTRIAL CORPORATION



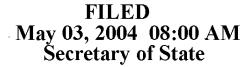
Principal Place of Business

9009 REGENCY SQUARE BLVD. P.O. DRAWER U JACKSONVILLE, FL 32203 Mailing Address

9009 REGENCY SQUARE BLVD.

P.O. DRAWER U

JACKSONVILLE, FL 32203





04272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-0565452 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN,DAVID 9009 REGENCY SQUARE BLVD JACKSONVILLE, FL 32225

STEIN, DAVID

JACKSONVILLE, FL

HICKS, EDWARD F.

JACKSONVILLE, FL

STEIN, MARTIN E

VST

9009 REGENCY SQUARE BLVD

9009 REGENCY SQUARE BLVD

STACKHOUSE, JENNIFER D

9009 REGENCY SQ. BLVD.

JACKSONVILLE, FL 32211

9009 REGENCY SQ BLVD

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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	named entity submits this statement for the prince of registered agent.	irpose of changing its registe	red office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Register	ed Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000152680 05/04/04-80096-002 300.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, ROBERT 9009 REGENCY SQ. BLVD. JACKSONVILLE, FL 32211				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, RICHARD 9009 REGENCY SQUARE BLVD JACKSONVILLE, FL				

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12. I hereby certify that the information supplied with this filling 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:

Seman De Strukouse Jennifer D. Strukhouse

12/04 904-1

904-725-4122 Daytime Phone #