

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 10, 2006 08:00 AM  
Secretary of State

DOCUMENT # 246885

1. Entity Name

GREAT SOUTHERN PROPERTIES INC



Principal Place of Business

C/O RAYMOND K. FERWERDA  
1023 SOUTH 50TH STREET  
TAMPA, FL 33619

Mailing Address

C/O RAYMOND K. FERWERDA  
1023 SOUTH 50TH STREET  
TAMPA, FL 33619



02032006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-0968199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FERWERDA, RAYMOND K  
1023 S 50TH ST  
TAMPA, FL 33619

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000429256  
02/21/06-80081-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME FERWERDA, RAYMOND K  
STREET ADDRESS 5001A PILGRIMS PATHWAY  
CITY - ST - ZIP TAMPA, FL

TITLE S  
NAME FERWERDA, MAUREEN R  
STREET ADDRESS 5001A PILGRIMS PATHWAY  
CITY - ST - ZIP TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 exemptions contained in Chapter 119, 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: \_\_\_\_\_

*Maureen Ferwerda*

Maureen Ferwerda

2/3/06

813 248-4971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #