2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Mar 01, 2007 08:00 A **DOCUMENT # 481672 Secretary of State** 1. Entity Name SOUTHERN PROPERTIES, INC. Principal Place of Business Mailing Address 3002 N. CHARLIE TAYLOR ROAD 3002 N. CHARLIE TAYLOR ROAD PLANT CITY FL 33565 PLANT CITY FL 33565 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-1618846 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FUTCH, ALVIN C. Street Address (P.O. Box Number is Not Acceptable) 3002 N. CHARLIE TAYLOR ROAD PLANT CITY FL 33566 Zip Code FL 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 i applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS HILL 100. ☐ Addition ☐ Delete Change FUTCH, ALVIN C. NAMI NAME 3002 N CHARLIE TAYLOR RD STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP CITY-ST-ZIP THEF ☐ Delete Change Addition FUTCH, MARY JO NAME 3002 N CHARLIE TAYLOR RD STRUET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-SI-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME: STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STRUCT ADDRESS CITY-ST-7IP CHTY-ST-ZIP THUE Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-SI-ZIP ШL ☐ Delete THE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

if changed, or on an attachmont with an address, with all other like empowered. ves. Alvin c Futch 2/27/07 8137542118 SIGNATURE:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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