

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90130 016 \*\*\*150.00

DOCUMENT # 493180

1. Entity Name  
 SOUTHERN INVESTORS REALTY, INC.



Principal Place of Business: 10225 ULMERTON RD STE 3D, LARGO FL 33771, US  
 Mailing Address: 10225 ULMERTON RD STE 3D, LARGO FL 33771, US



MOORE CR2E034 (11/03)

2. Principal Place of Business: 455 N. Indian Rocks Rd., Suite B  
 3. Mailing Address: 455 N. Indian Rocks Rd., Suite B

City & State: Belvoir Bluffs, FL  
 City & State: Belvoir Bluffs  
 Zip: 33770, Country: USA  
 Zip: FL, Country: 33770

4. FEI Number: 59-1648707  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 MOORE, JEFF  
 10225 ULMERTON RD STE 3D  
 LARGO FL 33771

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:   
 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: B	NAME: MOORE, MYRON	<input type="checkbox"/> Delete
STREET ADDRESS: 700 TANGLEWOOD DRIVE	CITY-ST-ZIP: DUNEDIN FL	
TITLE: PD	NAME: VELTMAN, DAVE M.	<input type="checkbox"/> Delete
STREET ADDRESS: 10225 ULMERTON RD STE 3D	CITY-ST-ZIP: LARGO FL 33771	
TITLE: V	NAME: MOORE, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS: 10225 ULMERTON RD STE 3D	CITY-ST-ZIP: LARGO FL 33771	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MOORE, MYRON
STREET ADDRESS: 455 N. Indian Rocks Rd, Suite B	CITY-ST-ZIP: Belvoir Bluffs, FL. 33770
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: VELTMAN, DAVE M.
STREET ADDRESS: 455 N. Indian Rocks Rd, Suite B	CITY-ST-ZIP: Belvoir Bluffs, FL. 33770
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MOORE, JEFF
STREET ADDRESS: 455 N. Indian Rocks Rd, Suite B	CITY-ST-ZIP: Belvoir Bluffs, FL. 33770
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

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 other like empowered.

SIGNATURE: David M. Veltman Date: 4/30/04 Daytime Phone #: 727-584-7114