

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90224 047 \*\*\*150.00

**DOCUMENT # 532539**

1. Entity Name  
**SOUTHLAND PROPERTIES, INC.**



Principal Place of Business

**53 BOND ST  
P.O. BOX 5458  
CANADA, AL A1E2X US**

Mailing Address

**100 2ND AVENUE SO.  
SUITE 600  
ST PETERSBURG, FL 33701**

**04006663**



2. Principal Place of Business

**53 Bond Street**

3. Mailing Address

Suite, Apt. #, etc.

02122004

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.  
**Suite #300**

4. FEI Number

**59-1896539**

Applied For

Not Applicable

City & State  
**St. John's, NL**

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip  
**A1C 1S9**

Country  
**Canada**

Zip

Country

6. Name and Address of Current Registered Agent

**POPOVICH, PAULA  
C/O GREGORY, SHARER & STEWART  
100 SECOND AVE., SOUTH, SUITE 600  
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**c/o Gregory, Sharer & Stuart, P.A.**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
PARDY, BRUCE  
11 WATERFORD AVE  
ST JOHNS, NEWFOUNDLAND, aie 2x7** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PARDY, CYNTHIA L  
11 WATERFORD AVE  
ST JOHNS, NEW FOUNDLAND, aie 2x7** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**St. John's, Newfoundland A1E 2X7**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**St. John's, Newfoundland A1E 2X7**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Apr 17, 2004**

Date

**709-722-8602**

Daytime Phone #