


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90035 016 ***150.00

DOCUMENT # 532539 1. Entity Name SOUTHLAND PROPERTIES, INC.					
Principal Place of Business 53 BOND ST SUITE 201 ST. JOHN'S, NL, OC A1C -S9			Mailing Address 100 2ND AVENUE SO. ✓ SUITE 600 ST PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box # 55 Bond St.		3. Mailing Address Suite, Apt. #, etc. Suite 201			
City & State St. John's, NL		City & State ST PETERSBURG, FL			
Zip A1C 1S9	Country Canada	Zip 33701	Country FL	4. FEI Number 59-1896539	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POPOVICH, PAULA C/O GREGORY, SHARER & STUART, P.A. 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) City 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARDY, BRUCE <input type="checkbox"/> Delete 11 WATERFORD AVE ST JOHN'S NEWFOUNDLAND, CA A1E-27		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>B. Pardy</i>			<i>February 28/08 709-722-8602</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		