2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 26, 2005 08:00 AM **DOCUMENT # 551609 Secretary of State** 1. Entity Name SOUTHERN MANAGEMENT CORPORATION Principal Place of Business Mailing Address 7324 S.W. 16TH STREET BELLE GLADE FL 33430 324 S.W. 16TH STREET BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1779100 Not Applicable Zip Country Zip 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 ROYAL, GEORGE MICHAEL Street Address (P.O. Box Number is Not Acceptable) 324 S.W. 16TH STREET BELLE GLADE FL 33430 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE ST ☐ Delete DILLE Change Addition HERRING, JAMES M., JR. NAME NAME 324 SW 16TH ST STREET ADDRESS STREET ADDRESS CITY-ST- MP BELLE GLADE FL CITY ST-ZIP TITLE 1100000195738 □ Change 1 01/26/05-80041-005 150.00 ☐ Delete HILE ☐ Addition NAME ROYAL, GEORGE MICHAEL NAME STREET ADDRESS 324 SW 16TH ST STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 0 COV-51-741 THLE VD ☐ Delete BRE ☐ Change □ Addition NAME ROYAL, GEORGE L., JR. STREET ADDRESS 324 SW 16TH ST STREET ADDRESS CUTY-ST-ZIP BELLE GLADE FL CHY-ST-ZIP MUE ☐ Delete Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-ST-DP THLE Delete ☐ Change Addition NAME NAME STREET ADDRESS SIGNETADDRESS CITY-ST-ZIP CHT4-51-78 TOLE Delete TILLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZP

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.

FICER OR DIRECTOR

SIGNATURE:

FILED

Daytone Phone #