

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 584081

1. Entity Name

SOUTHERN REALTY GROUP, INC.



Principal Place of Business

3399 PGA BLVD
STE 450
PALM BEACH GARDENS FL 33410
US

Mailing Address

3399 PGA BLVD
STE 450
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-1843890**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINGS, PETER D. ASSOC.
3399 PGA BLVD
STE 450
PALM BEACH GARDENS FL 33410

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

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, 2005 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	PD	<input type="checkbox"/> Delete
NAME	CUMMINGS, PETER D.	
STREET ADDRESS	3399 PGA BLVD STE 450	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ENGLISH, BETTY	
STREET ADDRESS	3399 PGA BLVD STE 450	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREANER, IVY Z	
STREET ADDRESS	3399 PGA BLVD. SUITE 450	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CUMINGS, KEITH L	
STREET ADDRESS	3399 PGA BLVD STE 450	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DEAN, DAVID A	
STREET ADDRESS	3399 PGA BLVD STE 450	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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02/17/05-80037-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

DAVID A. DEAN

Date

Daytime Phone #

2-15-05

(561) 630-6110