

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 856733

1. Entity Name

SOUTHTOWNE PROPERTIES, INC.



Principal Place of Business

33900 LINDA LANE
LEESBURG FL 34788
US

Mailing Address

PO BOX 895748
LEESBURG FL 34789-5748
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

31-0983867

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

MEIXNER, ELKE
33900 LINDA LANE
LEESBURG FL 34788

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 (and date)

(NOTE: Registered Agent signature required when rechartering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEIXNER, DAVID W	
STREET ADDRESS	33900 LINDA LANE	
CITY- ST- ZIP	LEESBURG FL 34788	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEIXNER, ELKE	
STREET ADDRESS	33900 LINDA LANE	
CITY- ST- ZIP	LEESBURG FL 34788	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEIXNER, ELKE	
STREET ADDRESS	33900 LINDA LANE	
CITY- ST- ZIP	LEESBURG FL 34788	
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CITY- ST- ZIP		

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03/18/08-80024-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Elke Meixner (Elke Meixner)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2008

352-343-5242

Date

Daytime Phone #