

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000005017
 1. Entity Name
 SOUTHLAND CAPITAL MANAGEMENT, INC.



Principal Place of Business Mailing Address
 50 MIDTOWN PARK EAST 50 MIDTOWN PARK EAST
 MOBILE, AL 36606 MOBILE, AL 36606

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 63-1226048 Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P JONES, JOSEPH P JR. 50 MIDTOWN PARK EAST MOBILE, AL 36606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARTIN, T. TODD III 50 MIDTOWN PARK EAST MOBILE, AL 36606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WILLIAMS, ROBERT J 50 MIDTOWN PARK EAST MOBILE, AL 36606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, JACKQUELINE G 50 MIDTOWN PARK EAST MOBILE, AL 36606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 persons empowered

SIGNATURE: _____ Date: 4-19-05 Daytime Phone #: 251-450-2925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR