

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F46096

1. Entity Name
SOUTH ATLANTIC CAPITAL CORPORATION



Principal Place of Business
**614 WEST BAY STREET, SUITE #200
TAMPA, FL 33606-9704**

Mailing Address
**614 WEST BAY STREET, SUITE #200
TAMPA, FL 33606-9704**



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2122962

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURTON, DONALD W
3603 BAYSHORE BLVD
TAMPA, FL 33629-5942**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	S BURTON, CAMPBELL T 3603 BAYSHORE BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST BARBER, SANDRA P 4840 PT PLEASANT PIKE DOYLESTOWN, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BURTON, DONALD W 3603 BAYSHORE BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000001101836
04/02/04-80029-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: DONALD W. BURTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04
Date

813-253-2500
Daytime Phone #