

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # G76541
 1. Entity Name
 SOUTHERN PROPERTIES OF POLK COUNTY, INC.



Principal Place of Business Mailing Address
 200 AVE. K. SE STE 1 200 AVE. K. SE STE 1
 P O BOX 7407 P O BOX 7407
 WINTER HAVEN, FL 33880-4003 WINTER HAVEN, FL 33880-4003



DO NOT WRITE IN THIS SPACE

03042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2361714 Not Applicable

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

6. Name and Address of Current Registered Agent
 KALOGRIDIS, WADE A.
 200 AVE K SE
 WINTER HAVEN, FL 33880

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 reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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 KALOGRIDIS, WADE A. 200 AVE K SE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST NETTLETON, CAROL S. 3559 HARBOR CIRCLE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000254031
 03/07/05-80058-009 150.00

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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)(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: CAROL S. NETTLETON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05 863-299-6312
 Date Daytime Phone #