


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 16, 2008 8:00 am
Secretary of State

03-03-2008 90197 031 ****35.00
 05-16-2008 90017 012 ****115.00

DOCUMENT # H46039			
1. Entity Name SOUTHERN COMFORT REALTY, INC.			
Principal Place of Business 6361 CORPORATE PARK CIRCLE SUITE 2 FORT MYERS, FL 33912		Mailing Address 6361 CORPORATE PARK CIRCLE SUITE 2 FORT MYERS, FL 33912	
2. Principal Place of Business - No P.O. Box # <i>1810 Mitchell Ave.</i>		3. Mailing Address <i>1810 Mitchell Ave.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ALVA, FL</i>		City & State <i>ALVA, FL</i>	
Zip <i>33920</i>	Country <i>Lee</i>	Zip <i>33920</i>	Country <i>USA</i>
4. FEI Number 59-2499648		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD, MYRNA 6361 CORPORATE PARK CIRCLE SUITE 2 FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name <i>Howard Myrna</i> Street Address (P.O. Box Number is Not Acceptable) <i>1810 Mitchell Ave.</i> City <i>Alva</i> State <i>FL</i> Zip Code <i>33920</i>	
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 <i>Myrna Howard</i> DATE <i>4/16/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HOWARD, MYRNA 6361 CORPORATE PARK CIRCLE STE 2 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <i>Howard, Myrna</i> <i>1810 Mitchell Ave</i> <i>ALVA FL 33920</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Myrna Howard</i>		DATE: <i>4/16/08</i> (239) 334-3031	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	