


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90443 042 \*\*\*150.00

**DOCUMENT # H56082**  
 1. Entity Name  
**SOUTHERN RECREATION, INC.**



Principal Place of Business      Mailing Address  
**4060 EDISON AVE.**      **4060 EDISON AVE.**  
**JACKSONVILLE FL 32254**      **JACKSONVILLE FL 32254**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2640417**      Applied For  
 Not Applicable

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



1st MOORE      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**  
**ROGERS, TERRY**  
**5680 LONG BRANCH RD**  
**JACKSONVILLE FL 32234**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, TERRY</b>	
STREET ADDRESS	<b>5680 LONG BRANCH RD.</b>	
CITY-ST-ZIP	<b>MAXVILLE FL 32234</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NORTON, TIM</b>	
STREET ADDRESS	<b>5908 KINKAID DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NORTON, MARTHA</b>	
STREET ADDRESS	<b>5908 KINKAID DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, JODY</b>	
STREET ADDRESS	<b>5680 LONG BRANCH RD.</b>	
CITY-ST-ZIP	<b>MAXVILLE FL 32234</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6091 CR 209 S</b>	
CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6091 CR 209 S</b>	
CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Terry Rogers      **Terry Rogers**      4/26/05      (904) 387-4390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #