


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H56082 1. Entity Name SOUTHERN RECREATION, INC.	
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Principal Place of Business 4060 EDISON AVE. JACKSONVILLE, FL 32254 US	Mailing Address 4060 EDISON AVE. JACKSONVILLE, FL 32254 US
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07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2640417	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

ROGERS, TERRY
5680 LONG BRANCH RD
JACKSONVILLE, FL 32234

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

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000574619 08/17/06-80006-002 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, TERRY 5680 LONG BRANCH RD. MAXVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORTON, TIM 6091 CR 209 S GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORTON, MARTHA 6091 CR 209 S GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, JODY 5680 LONG BRANCH RD. MAXVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Terry Rogers Terry Rogers 8/15/06 (904) 387-4390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #