

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # H56082

1. Entity Name
SOUTHERN RECREATION, INC.



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

Mailing Address
**4060 EDISON AVE.
JACKSONVILLE, FL 32254 US**



01242007 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 ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000805121
01/30/07-80023-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROGERS, TERRY
STREET ADDRESS	5680 LONG BRANCH RD.
CITY-ST-ZIP	MAXVILLE, FL 32234
TITLE	V
NAME	NORTON, TIM
STREET ADDRESS	6091 CR 209 S
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	S
NAME	NORTON, MARTHA
STREET ADDRESS	6091 CR 209 S
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	T
NAME	ROGERS, JODY
STREET ADDRESS	5680 LONG BRANCH RD.
CITY-ST-ZIP	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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07 (904)387-4390
Date Daytime Phone #