



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # J53787 1. Entity Name SOUTHERN HOMES & LAND, INC.			
Principal Place of Business PO BOX 1382 HERNANDO, FL 34442 US		Mailing Address PO BOX 1382 HERNANDO, FL 34442 US	
DO NOT WRITE IN THIS SPACE		 01192004 No Chg-P CR2E034 (10/03)	
4. FEI Number 90-0119661		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, BARBARA A 11850 S.W. 121ST AVENUE DUNNELLON, FL 34432		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 reissuing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		<div style="text-align: right;"> 1100000009801 01/22/04-80005-015 150.00 </div>	
TITLE	DP	DO NOT WRITE IN THIS SPACE	
NAME	WOOD, BARBARA A.		
STREET ADDRESS	PO BOX 1382		
CITY - ST - ZIP	HERNANDO, FL 34442		
TITLE	VP		
NAME	WALKER, THOMAS R		
STREET ADDRESS	P.O. BOX 1382	DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP	HERNANDO, FL 34442		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP			
TITLE			
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 <u>Barbara A. Wood</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-19-04</u> (352) 465-0040 <small>Daytime Phone #</small>	