
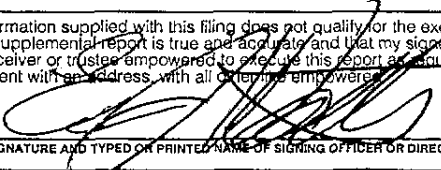


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # J63794 1. Entity Name SOUTHERN NATURALS, INC.			
Principal Place of Business % EVELYN W. CLONINGER 1519 BROADWAY OVIEDO, FL 32765		Mailing Address PO BOX 620337 OVIEDO, FL 32762-0337	
DO NOT WRITE IN THIS SPACE		01052005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2996696	
		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 WATTS, EG 1519 BROADWAY OVIEDO, FL 32765		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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTS, EG 1519 W BROADWAY OVIEDO, FL 32765		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLONIGER, KI 1519 W BROADWAY OVIEDO, FL 32765		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLONIGER, KP 1519 W BROADWAY OVIEDO, FL 32765		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 007, 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 information.			
SIGNATURE: 		1/5/05 407-365-5626	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	