2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K62041 1. Entity Name SOLUTION AND DEPORTURE OF

Principal Place of Business

SOUTHLAND PROPERTIES OF OCALA, INC.

Mailing Address

210 37TH AVENUE NORTH SAINT PETERSBURG, FL 33704 US 210 37TH AVENUE NORTH SAINT PETERSBURG, FL 33704 U FILED Apr 28, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2942332

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFFMAN, JAY E CPA 6526 CENTRAL AVE ST. PETERSBURG, FL 33707

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its register	ed office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered.				e required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT P FRIEDMAN, ERNEST 210 37TH AVENUE NORTH SAINT PETERSBURG, FL 33704 D GRIECO, NICHOLAS 210 37TH AVENUE NORTH SAINT PETERSBURG, FL 33704	PTORS			000000134691 04/28/04-80029-013 150.00	-
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		·			- ·	

12. I hereby certify that the information supplied with this filling 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 supplied prital report is true and acceptate 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 redeliver of trustee empowered to secute 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:

STREET ADDRESS CITY-ST-ZIP

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pate Daytime Phone #