


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K62041</b>	
1. Entity Name <b>SOUTHLAND PROPERTIES OF OCALA, INC.</b>	

Principal Place of Business <b>210 37TH AVENUE NORTH SAINT PETERSBURG, FL 33704 US</b>	Mailing Address <b>210 37TH AVENUE NORTH SAINT PETERSBURG, FL 33704 US</b>
---	---



01202006	No Chg-P	CR2E034 (11/05)
4. FEI Number <b>59-2942332</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>KAUFFMAN, JAY E CPA 6526 CENTRAL AVE ST. PETERSBURG, FL 33707</b>
---

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	<b>000000529705</b> <b>05/05/06-80088-007-150.00</b>
---	--	---

<b>FILE NOW! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FRIEDMAN, ERNEST 210 37TH AVENUE NORTH SAINT PETERSBURG, FL 33704</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRIECO, NICHOLAS 210 37TH AVENUE NORTH SAINT PETERSBURG, FL 33704</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 an other like empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
--	------------	-----------------------