

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

04 MAY 25 PM 12:45


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05242004 No Chg-P CR2E034 (10/03) *MRS*

4. FEI Number 59-2959186	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DOCUMENT # K76833**  
1. Entity Name  
**SOUTHERN MULTICAPITAL CORPORATION**



Principal Place of Business <b>1311 N CHURCH AVE TAMPA, FL 33607 US</b>	Mailing Address <b>1311 N CHURCH AVE TAMPA, FL 33607 US</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**BURR, LINDA  
1311 N CHURCH AVE  
TAMPA, FL 33607**

**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 \_\_\_\_\_ DATE **06/07/04**

**400037725024**  
**06/07/04--01051--023 \*\*\$50.00**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BURR, LINDA 1311 N CHURCH AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT PETERSEN, C. THOMAS 1311 N CHURCH AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CINA, VINCENT A 4835 S.W. 101ST LANE OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**400037725024**  
**06/07/04--01051--024 \*\*\$8.75**

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: *Thomas Petersen* Date: **5-24-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR