. 2006 FOR PROFIT CORPORATION

6. Name and Address of Current Registered Agent

FILED Jan 17, 2006 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of State		
DOCUMENT # K90712 1. Entity Name SOUTHERN CORPORATE PA			Secreta	iry of State	
Principal Place of Business 403 E MAIN ST	Mailing Address P.O. BOX 5309		-		
IMMOKALEE, FL 34142 US	IMMOKALEE, FL 34143 U	·			
DO NOT WRITE IN THIS SPACE			CR2E034 (11/05)		
DO NOT WR	IIE IN INIS SPA	CE	4. FEI Number 65-0125050	Applied For	
			5. Certificate of Status Desired	\$8.75 Additional	

SIGNATURE AND TYPED OR PRINTED NAMEOF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

102006	No Chg-P	CR2E034	(11/05)
FEI Number			Applied For
LELIACOUPIEI			(, , , , , , , , , , , , , , , , , , ,

Not Applicable

Daylime Phone #

Date

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	DO	NOT	WR	IT	F
	-	* * **			

ARRIGO, BRIAN 403 E MAIN ST IMMOKALEE, FL 34142			DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ad office or re	egistered agent, or bo	th, in the State of Florida. I am familiar wit	h, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tide i	applicable. (NOTE. Registere	d Agent signature	required when reinstating]	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ARRIGO, BRIAN 403 E MAIN STREET IMMOKALEE, FL				Haaraaaarr	
TITLE NAME STREET AUDRESS CITY-ST-ZIP					000000389551 01/20/06-80051-014	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		***		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corchanged.	ertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empoweres or on an attachment with an address, with all	ing does not qualify for the exe nd accurate and that my signal to execute this report as requi- other like empowered.	mptions cor ure shall haved ed by Chap	ntained in Chapter 119 re the same legal effecter 607, Florida Statute	9. Florida Statutes. I further certify that the ct as if made under oath; that I am an offices; and that my name appears in Block 10	information er or director or Block 11 if