## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L04270

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: 5426 NW 32ND ST

GAINESVILLE, FL

DICKINSON, MARTIN F.

5600 SW 32ND AVE

GAINESVILLE, FL

() Delete

FILED Mar 24, 2008 Secretary of State

Entity Name: SOUTHARC, INC.	
Current Principal Place of Business:	New Principal Place of Business:
3700 NW 91ST ST STE D300 GAINESVILLE, FL 32606	
Current Mailing Address:	New Mailing Address:
3700 NW 91ST ST STE D300 GAINESVILLE, FL 32606	
FEI Number: 59-2957583 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent	: Name and Address of New Registered Agent:
DICKINSON, MARTIN F. 5600 S.W. 32ND AVENUE GAINESVILLE, FL 32608 US	
The above named entity submits this statement for the State of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered	Agent Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: D () Delete  Name: DICKINSON, LONNA S.  Address: 5600 SW 32ND AVE	Title: D (X) Change ( ) Addition  Name: DICKINSON, LONNA S.  Address: 5600 SW 32ND AVE

City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL 32608 () Delete Title: (X) Change ( ) Addition WAYNE, MARTIN J. WAYNE, MARTIN J. Name: Name: Address: 5426 NW 32ND ST. Address: 5426 NW 32ND ST. GAINESVILLE, FL GAINESVILLE, FL 32653 City-St-Zip: City-St-Zip:

VSTC ( ) Delete Title: VSTC (X) Change ( ) Addition WAYNE, LUCY B. Name: WAYNE, LUCY B.

Name: WAYNE, LUCY B.
Address: 5426 NW 32ND ST
City-St-Zip: GAINESVILLE, FL 32653

Title: PD (X) Change ( ) Addition

 Name:
 DICKINSON, MARTIN F.

 Address:
 5600 SW 32ND AVE

 City-St-Zip:
 GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY B. WAYNE VP 03/24/2008