


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90026 009 ***150.00

DOCUMENT # L19011	
1. Entity Name UNIQUELY SOUTHERN, INC.	

Principal Place of Business 7021 STARFISH COURT PANAMA CITY BEACH FL 32407 US	Mailing Address PO BOX 15925 PANAMA CITY FL 32406 US
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2. Principal Place of Business <i>1014 WEST 10th St.</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>PANAMA City Florida</i>	City & State
Zip <i>32401</i>	Country <i>USA</i>



MOORE CR2E034 (11/03)

4. FEI Number 59-3008058		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WARD, MURRAY R. 7021 STARFISH COURT PANAMA CITY BEACH FL 32407		7. Name and Address of New Registered Agent Name <i>WARD, MURRAY R.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1014 WEST 10th St.</i> City <i>PANAMA City</i> State <i>FL</i> Zip <i>32401</i>

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, MURRAY R 7021 STARFISH COURT PANAMA CITY BEACH FL 32407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/V/D</i> <i>WARD, MURRAY R.</i> <i>1014 WEST 10th St</i> <i>PANAMA City Florida 32401</i>
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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: *[Signature]* **03/08/04 850 7856925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____