


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90036 035 ***150.00

DOCUMENT # L75414					
1. Entity Name SOUTH FORK PROPERTIES, INC.					
Principal Place of Business % LUTHER J. RUSSELL 465 RIVERSIDE DR. STUART FL 34994			Mailing Address P.O. BOX 3237 STUART FL 34995		
2. Principal Place of Business 271 SE Harbor Pt. Dr.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Stuart, Florida		City & State		4. FEI Number 65-0207677	
Zip 34996		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, LUTHER J. 465 RIVERSIDE DR. STUART FL 34994			7. Name and Address of New Registered Agent		
			Name Kazuyo Russell		
			Street Address (P.O. Box Number is Not Acceptable)		
			271 SE Harbor Point Dr.,		
			City Stuart FL Zip Code 34996		
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 <i>Kazuyo Russell</i>		Kazuyo Russell		Apr. 19, 2004	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP <input checked="" type="checkbox"/> Delete NAME RUSSELL, LUTHER J. STREET ADDRESS 465 RIVERSIDE DR. CITY-ST-ZIP STUART FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE DS <input type="checkbox"/> Delete NAME RUSSELL, KAZUYO STREET ADDRESS 465 RIVERSIDE DR. CITY-ST-ZIP STUART FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE DT <input type="checkbox"/> Delete NAME JOHNSON, PATRICIA A. STREET ADDRESS 805 CREST VALLEY DR. NW CITY-ST-ZIP ATLANTA GA	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE DV <input type="checkbox"/> Delete NAME JOHNSON, GREGORY C. STREET ADDRESS 805 CREST VALLEY DR. NW CITY-ST-ZIP ATLANTA GA	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>Kazuyo Russell</i>		Kazuyo Russell		4/19/04 772-283-1033	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	