


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
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J1000010



MOORE CR2E034 (11/03)

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
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4. FEI Number 65-0207677	Applied For <input type="checkbox"/> Not Applicable
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Zip 34996	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	Zip Code FL 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 *Kazuyo Russell* **Kazuyo Russell** **Apr. 19, 2004**
Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSSELL, LUTHER J. 465 RIVERSIDE DR. STUART FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUSSELL, KAZUYO 465 RIVERSIDE DR. STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOHNSON, PATRICIA A. 805 CREST VALLEY DR. NW ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON, GREGORY C. 805 CREST VALLEY DR. NW ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	271 SE Harbor Point Dr. Stuart, FL. 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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: *Kazuyo Russell* **Kazuyo Russell** **4/19/04** **772-283-1033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #