

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L81345**

1. Entity Name  
SOUTHLAND PROPERTIES OF WINTER HAVEN, INC.



Principal Place of Business  
210 37TH AVE NORTH  
SAINT PETERSBURG, FL 33704 US

Mailing Address  
210 37TH AVE NORTH  
SAINT PETERSBURG, FL 33704 US



01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3035206

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFFMAN, JAY E CPA  
6526 CENTRAL AVE  
SAINT PETERSBURG, FL 33707

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FRIEDMAN, ERNEST  
STREET ADDRESS 210 37TH AVE NO  
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE D  
NAME GRIECO, NICHOLAS  
STREET ADDRESS 210 37TH AVE NO  
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE  
IN THIS SPACE**

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04/29/05-80058-009 150.00

2/3/05

Daytime Phone #