


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90025 034 \*\*\*150.00

<b>DOCUMENT # M73103</b>	
1. Entity Name	
SOUTHERN ESTATES LTD., INC.	

Principal Place of Business	Mailing Address
1116 MILL CREEK DRIVE ATTN: PHILLIP THOMAS JACKSONVILLE FL 32259-8972 US	1116 MILL CREEK DRIVE ATTN: PHILLIP THOMAS JACKSONVILLE FL 32259-8972 US



2. Principal Place of Business	3. Mailing Address
Mr. Phillip C. Thomas 51 Cypress Grove Ln. Ormond Beach, FL 32174	Mr. Phillip C. Thomas 51 Cypress Grove Ln. Ormond Beach, FL 32174

1st MOORE CR2E034 (10/05)

Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0041711	Not Applicable

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
THOMAS, PHILLIP C MR. <del>1116 MILL CREEK DR.</del> JACKSONVILLE FL 32259 51 Cypress Grove Ln. Ormond Beach, FL 32174

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PHILLIP C.	NAME	
STREET ADDRESS	<del>1116 MILL CREEK DR</del>	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32259	CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CAROL ANN	NAME	
STREET ADDRESS	<del>1116 MILL CREEK DR</del>	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32259	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Phillip C. Thomas Phillip C. Thomas 1/30/06