
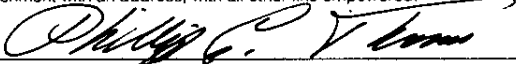


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90036 020 ***150.00

DOCUMENT # M73103 1. Entity Name SOUTHERN ESTATES LTD., INC.					
Principal Place of Business PHILLIP C. THOMAS 11469 SW 82ND CT. RD. OCALA, FL 34481 US			Mailing Address PHILLIP C. THOMAS 11469 SW 82ND CT. RD. OCALA, FL 34481 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01252008 Chg-P CR2E034 (12/06) 4. FEI Number 65-0041711	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMAS, PHILLIP C MR. 54 CYPRESS GROVE LN ORMOND BEACH, FL 32174 11469 SW 82nd Court Road Ocala, Florida 34481-3566			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, PHILLIP C. 11469 SW 82nd Court Road		NAME		
STREET ADDRESS	1416 MILL CREEK DR Ocala, Florida 34481-3566		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	1416 MILL CREEK DR 11469 SW 82ND CT. RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259 OCALA, FL 34481		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 Chapter 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: 			1-24-2008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT 40013957

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ATTACHMENT

2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number M73103

Business Entity Name SOUTHERN ESTATES LTD., INC.

Original File Date 03/22/1988

FEI Number 65-0041711

Principal Address PHILLIP C. THOMAS
11469 SW 82ND CT. RD.
OCALA, FL 34481 US

Mailing Address PHILLIP C. THOMAS
11469 SW 82ND CT. RD.
OCALA, FL 34481 US

Registered Agent MR. PHILLIP C THOMAS
51 CYPRESS GROVE LN
ORMOND BEACH, FL 32174 US

Officer/Director Name And Address

PD
THOMAS, PHILLIP C.
1116 MILL CREEK DR
JACKSONVILLE, FL 32259

SD
CAROL ANN THOMAS
1116 MILL CREEK DR
JACKSONVILLE, FL 32259

If all of the above
information is correct and
you do not wish to make
any changes, please
select:

If you need to make
changes to the above
information, please
select: