

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73103

FILED
Mar 12, 2009
Secretary of State

Entity Name: SOUTHERN ESTATES LTD., INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0041711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, PHILLIP C MR.
11469 SW 82ND CRT RD
OCALA, FL 344813566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, PHILLIP C.,
Address: 11469 SW 82 ND CRT RD
City-St-Zip: OCALA, FL 344813556

Title: SD () Delete
Name: THOMAS, CAROL ANN
Address: 11469 SW 82ND CRT RD
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: THOMAS, CAROL ANN
Address: 11469 SW 82ND CRT RD
City-St-Zip: OCALA, FL 34481

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP CHARLES THOMAS

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date