

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003183

FILED
Apr 29, 2006
Secretary of State

Entity Name: SOUTHERN CRUISERS OF FLORIDA, INC.

Current Principal Place of Business:

5830 DEASE ROAD
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

5830 DEASE ROAD
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 52-2421440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRANGER, BILL
5830 DEASE ROAD
ST. CLOUD, FL 34771 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRANGER, BILL
Address: 5830 DEASE ROAD
City-St-Zip: ST. CLOUD, FL 34771

Title: VPD () Delete
Name: PERRY, RICK
Address: 188 COUNTRY MEADOWS LANE
City-St-Zip: ATOKA, TE 38004

Title: SD () Delete
Name: KRAUSE, RICHARD
Address: 902 GLENWOOD
City-St-Zip: DOTHAN, AL 36301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: KNOX, IKE
Address: 1172 NEW HAVEN DR
City-St-Zip: CANTONMENT, FL 32533

Title: SD (X) Change () Addition
Name: GREER, DON
Address: 11204 GLOVER RD
City-St-Zip: PT RICHEY, FL 34668

Title: TD () Change (X) Addition
Name: BOONE, BARBARA
Address: 7635 SHINDLER DR
City-St-Zip: JACKSONVILLE, FL 32222

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL PRANGER

PD

04/29/2006

Electronic Signature of Signing Officer or Director

Date