

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90134 041 ****61.25

DOCUMENT # N03000003183 1. Entity Name SOUTHERN CRUISERS OF FLORIDA, INC.					
Principal Place of Business 5830 DEASE ROAD ST. CLOUD, FL 34771			Mailing Address 5830 DEASE ROAD ST. CLOUD, FL 34771		
2. Principal Place of Business - No P.O. Box # 11204 GLOVER RD Suite, Apt. #, etc.		3. Mailing Address 11204 GLOVER RD Suite, Apt. #, etc.			
City & State PORT RICHEY, FL Zip 34668		City & State PORT RICHEY, FL Zip 34668		4. FEI Number 52-2421440	
Country U.S.A		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRANGER, BILL 5830 DEASE ROAD ST. CLOUD, FL 34771				7. Name and Address of New Registered Agent Name GREER, DONALD M. Street Address (P.O. Box Number is Not Acceptable) 11204 GLOVER RD City PORT RICHEY FL Zip Code 34668	
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 <u><i>Donald M. Greer</i></u> DONALD M. GREER PD 4/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRANGER, BILL 5830 DEASE ROAD ST. CLOUD, FL 34771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREER, DONALD M 11204 GLOVER RD PORT RICHEY, FL, 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREER, DON 11204 GLOVER RD PT. RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRANGER, BILL 5830 DEASE ROAD ST. CLOUD, FL 34771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIMES, JIM 3738 GREENBRIAR AVE BUNNELL, FL 32110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RADCLIFF, HARVEY 714 N 59TH AVE PENSACOLA, FL 32506	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>	
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 617, 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: <u><i>Donald M. Greer</i></u> DONALD M. GREER			4/23/08		727-389-8956
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>