

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004101

FILED
Apr 14, 2004
Secretary of State**Entity Name:** SOUTHLAND MESSENGERS, INC.**Current Principal Place of Business:**20480 HUFFMASTER ROAD
NO. FORT MYERS, FL 33917**New Principal Place of Business:****Current Mailing Address:**20480 HUFFMASTER ROAD
NO. FORT MYERS, FL 33917**New Mailing Address:****FEI Number:** 65-0608706**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JAMES, EDD
20480 HUFFMASTER ROAD
NO. FORT MYERS, FL 33917 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: JAMES, EDD
Address: 20480 HUFFMASTER ROAD
City-St-Zip: NO. FORT MYERS, FL 33917**Title:** VPD () Delete
Name: JAMES, CLAUDIA
Address: 20480 HUFFMASTER ROAD
City-St-Zip: NO. FORT MYERS, FL 33917**Title:** SD () Delete
Name: JAMES, CLAUDIA C
Address: 20480 HUFFMASTER RD.
City-St-Zip: NO. FT. MYERS, FL 33917**Title:** T () Delete
Name: JAMES, CLAUDIA
Address: 20480 HUFFMASTER RD.
City-St-Zip: NO. FT. MYERS, FL 33917**Title:** D () Delete
Name: ELVER, RALPH P.A.
Address: 461 S. MAIN ST.
City-St-Zip: LABELLE, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLAUDIA C. JAMES

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04/14/2004

Electronic Signature of Signing Officer or Director_____
Date