

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000054588

1. Entity Name
SOUTHERN CORP. OF BONITA



Principal Place of Business
**25090 BERNWOOD DR. N
BONITA SPRINGS, FL 34135**

Mailing Address
**25090 BERNWOOD DR. N
BONITA SPRINGS, FL 34135**



06202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650906	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ATKINS, JAMES E
3581 LAKEMONT DR
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ATKINS, ROBIN L
STREET ADDRESS	PO BOX 367988
CITY-ST-ZIP	BONITA SPRINGS, FL 34136

TITLE	V
NAME	ATKINS, JAMES E
STREET ADDRESS	PO BOX 367988
CITY-ST-ZIP	BONITA SPRINGS, FL 34136

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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06/26/07-80001-015-150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Robin Atkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07 239-444-1000
Date Daytime Phone #