2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED Feb 26, 2004 08:00 AM Secretary of State		
DOCUMENT*# P00000058217 1. Entity Name **								
SOUTHERN U.S. ENTERPRISES INC.						Secretar	y or Stat	. C
Principal Place of Business			Mailing Address		<u></u>	1		Ŧ**
5123 - 14 STREET WEST BRADENTON FL 34207			5123 - 14 STREET WEST BRADENTON FL 34207				MINT WITHIN TWITH TOWN THEFT TO	2 1001 11 1001
Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address					
City & State			Suite, Apt. #, etc. City & State				2E034 (11/03)	
						4. FEI Number 65-1024038	No	oplied For of Applicable
ZIP	Zip Country		Z _i p			5. Certificate of Status Desired	 Fee Required 	
	6. Name	and Address of Curre	7. Name and Address of New Regist	ered Agent				
BURGIN, PEGGY 5123-14 STREET WEST				Street Address		P.O. Box Number is Not Acceptable)		
1 BRADENTON FL 34207								
					City		FL Zip Code	
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 again and title if applicable (NOTE "hopistored Agent signature required when renstating). DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be								
		o4 Fee will be \$550.00 o Florida Department				Trust Fund Contribution.		to Fees
10.			ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS	S IN 11
TITLE	VP					U000000671	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	BURGIN, JOSEPH K SR 5123-14 STREET WEST BRADENTON FL 34207			NAME Street City-		02/26/04 <u>-</u> 8004	2-021 150.0	ÓØ
TOTLE					ţ		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					E EET ADDRESS -ST-ZIP			
TITLE	ST		☐ Delete	TITL			☐ Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP	1	TREET WEST			ET ADDRESS			
TITLE	BRADENI	ON FL 34207	Delete	TITLE	-ST-ZIP		☐ Change	☐ Addition
NAME				NAM	E			
STREET ADDRESS CITY - ST - ZIP		<u></u>			ET ADDRESS - ST-ZIP			
TITLE NAME			☐ Delete	TITLE NAM	į		☐ Change	☐ Addition
STREET ADDRESS				STRE	ET ADDRESS -ST-ZIP			
TITLE	<u> </u>		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME STREET ADDRESS				nam Stre	E ET ADDRESS			
CITY-ST-ZIP					-ST-ZJP			
12. I hereby certify that the information supplied with this filling does not qualify 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 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 pther like empowered.								
SIGNATURE: CLASSANCHUL BANDERS VP 2/24/04 941-758-1980								
· · · · · · · · · · · · · · · · ·	, <u></u>	SIGNATURE AND TYPED OF	A PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR	Date	Daytime Phone *	