


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000073489 1. Entity Name SOUTH ATLANTIC PROPERTIES GROUP, INC.				
Principal Place of Business 17893 73RD CT N LOXAHATCHEE, FL 33470		Mailing Address 17893 73RD CT N LOXAHATCHEE, FL 33470		
DO NOT WRITE IN THIS SPACE				
				 01092006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-1030399		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHEPERD, DANIEL J ESQ 17893 73RD CT N LOXAHATCHEE, FL 33470		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 100000390406 01/23/06-80027-006 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD FITOS, JOSEPH 17893 73RD CT N LOXAHATCHEE, FL 33470			
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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, without other like empowered.				
SIGNATURE: <u><i>Joe Fitos</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/11/06</u> Daytime Phone # <u>561 723 6444</u>		