

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000109124

1. Entity Name
SOUTH - TI, INC.



Principal Place of Business
**1049 S. ATLANTIC AVENUE
COCOA BEACH, FL 32931**

Mailing Address
**1049 S. ATLANTIC AVENUE
COCOA BEACH, FL 32931**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3685663

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DAVIS, PAULA
1049 S. ATLANTIC AVENUE
COCOA BEACH, FL 32931**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, PAULA
STREET ADDRESS 1049 S. ATLANTIC AVENUE
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE V
NAME FARLEY, DANNY F
STREET ADDRESS 2100 S. COURTENAY PARKWAY
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE ST
NAME CABARON, TERESA
STREET ADDRESS 4055 SHERIDAN AVENUE
CITY-ST-ZIP COCOA, FL 32926

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000134711
04/28/04-80031-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Teresa Cabaron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-04 321-453-4274

Date

Daytime Phone #