

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109124

Entity Name: SOUTH - TI, INC.

FILED  
Apr 14, 2005  
Secretary of State

## Current Principal Place of Business:

1049 S. ATLANTIC AVENUE  
COCOA BEACH, FL 32931

## New Principal Place of Business:

140 IMPERIAL STREET  
MERRITT ISLAND, FL 32952

## Current Mailing Address:

1049 S. ATLANTIC AVENUE  
COCOA BEACH, FL 32931

## New Mailing Address:

140 IMPERIAL STREET  
MERRITT ISLAND, FL 32952

FEI Number: 59-3685663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DAVIS, PAULA  
Address: 1049 S. ATLANTIC AVENUE  
City-St-Zip: COCOA BEACH, FL 32931

Title: V (X) Delete  
Name: FARLEY, DANNY F  
Address: 2100 S. COURTENAY PARKWAY  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ST ( ) Delete  
Name: CABARON, TERESA  
Address: 4055 SHERIDAN AVENUE  
City-St-Zip: COCOA, FL 32926

## 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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA DAVIS

PD

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date