

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90380 034 ***150.00

DOCUMENT # P00000109674 1. Entity Name SOUTHERN TRADITIONS OF CENTRAL FLORIDA, INC.			
Principal Place of Business 2041 LOMAX DR FRUITLAND PARK, FL 34731		Mailing Address 2041 LOMAX DR FRUITLAND PARK, FL 34731	
2. Principal Place of Business 622 Bowers Lane Suite, Apt. #, etc.		3. Mailing Address 622 Bowers Lane Suite, Apt. #, etc.	
City & State ST. Augustine Fla. Zip 32080 Country		City & State ST. Augustine Fla Zip 32080 Country	
4. FEI Number 59-3684827		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 WALSH, JAMES T 2041 LOMAX DR FRUITLAND PARK, FL 34731		7. Name and Address of New Registered Agent Name Jeremiah J. Walsh Street Address (P.O. Box Number is Not Acceptable) 622 BOWERS LANE City ST. Augustine FL Zip Code 32080	
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 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALSH, JAMES T 2041 LOMAX DR FRUITLAND PARK, FL 34731	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLETCHER, BETH 5437 CR 125 WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, JEREMIAH J 2041 LOMAX DR FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALSH, JOSHUA J 2041 LOMAX DR FRUITLAND PARK, FL 34731	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing 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 other like empowered.			
SIGNATURE:		4/28/05 904-806-5855 <small>Date Daytime Phone #</small>	