

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115306

FILED
Apr 06, 2004
Secretary of State

Entity Name: SOUTHERN AMENITY, INC.

Current Principal Place of Business:

616 GARDENIA STR
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

2602 BEECH STREET
PANAMA CITY BEACH, FL 32408 US

Current Mailing Address:

P.O. BOX 18074
PANAMA, FL 32417 US

New Mailing Address:

FEI Number: 59-3688264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAVA, KOUCHHINE
616 GARDENIA STR
PANAMA CITY BEACH, FL 32408

Name and Address of New Registered Agent:

SLAVA, KOLECHKINE
2602 BEECH STREET
PANAMA CITY BEACH, FL 32408 US

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: SLAVA KOLECHKINE

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERENSEN, ANTON
Address: 2600 BEECH STREET
City-St-Zip: PANAMA, FL 32408

Title: D () Delete
Name: KOLECHKIN, SLAVA
Address: 8000 BEACH DR, APT A
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: SPENCER, KATE
Address: 17751 PANAMA CIT BEACH PKWY
City-St-Zip: PANAMA CITY, FL 32413

Title: CD () Delete
Name: DEVRIES, SVETA
Address: 3932 THOMAS DR#205
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BERENSEV, ANTON
Address: 2600 BEECH STREET
City-St-Zip: PANAMA, FL 32408

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: SLAVA KOLECHKINE

D

04/06/2004

Electronic Signature of Signing Officer or Director

Date