

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000100017 1. Entity Name SOUTHERN PRIMARY CO.																													
Principal Place of Business 2609 N. OLEANDER AVE #15 DAYTONA BEACH FL 32118 US			Mailing Address P.O. BOX 971 DAYTONA BEACH FL 32115 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 65-1149863			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 BANFI, ENDRE 2609 N. OLEANDER AVE #15 DAYTONA BEACH FL 32118			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PVST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BANFI, ENDRE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2609 N. OLEANDER AVE #15</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAYTONA BEACH FL 32118</td> <td></td> </tr> </table>			TITLE	PVST	<input type="checkbox"/> Delete	NAME	BANFI, ENDRE		STREET ADDRESS	2609 N. OLEANDER AVE #15		CITY - ST - ZIP	DAYTONA BEACH FL 32118		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">U00000315719</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>04/19/05-80046-004 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	U00000315719	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	04/19/05-80046-004 150.00		STREET ADDRESS			CITY - ST - ZIP		
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1st MOORE CR2E034 (10/04)

SIGNATURE:

Endre Banfi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-05

Date

Daytime Phone #

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