# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 13, 2005**
**Secretary of State**

DOCUMENT# P01000119992

**Entity Name:** SOUTHERN CAPITAL GROUP, INC.

**Current Principal Place of Business:**

5185 SE 20 STREET
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

5185 SE 20 STREET
OCALA, FL 34471

**New Mailing Address:**

**FEI Number: 65-1158581** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINDSEY, VANESSA H
5185 SE 20 STREET
OCALA, FL 34471 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DCTP ( ) Delete
Name: CALVO, CYNDI N
Address: 1941 SW 51 TERRACE
City-St-Zip: OCALA, FL 34471

Title: DVCO ( ) Delete
Name: LINDSEY, VANESSA H
Address: 340 SE 55 AVE
City-St-Zip: OCALA, FL 34471

Title: GCS ( ) Delete
Name: DORNAN, KEVIN W
Address: 1941 SE 51 TERR
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VCO (X) Change ( ) Addition
Name: LINDSEY, VANESSA H
Address: 340 SE 55 AVE
City-St-Zip: OCALA, FL 34471

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: CYNDI N. CALVO DCTP 07/13/2005

Electronic Signature of Signing Officer or Director Date