

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90032 039 ***150.00

DOCUMENT # P02000003697

1. Entity Name
SOUTHERN HERITAGE MANAGEMENT, INC.



Principal Place of Business
**309 TAMiami TRAIL UNIT 13
PUNTA GORDA, FL 33950**

Mailing Address
**225 W. VIRGINIA AVE.
PUNTA GORDA, FL 33950**

94005936



2. Principal Place of Business

3. Mailing Address
309 Tamiami Trail.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Unit 113

01122004 Chg-P CR2E034 (10/03)

City & State

City & State
Punta Gorda, FL

4. FEI Number
94-3414844

Applied For
Not Applicable

Zip

Country

Zip

33950

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOCH, REXFORD R
225 W. VIRGINIA AVE.
PUNTA GORDA, FL 33950**

Name
Bolanos Truxton, P.A.

Street Address (P.O. Box Number is Not Acceptable)

12800 University Drive, Suite 350

City
Fort Myers

Zip Code
FL 33907

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1-13-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PPST** ☒ Delete
NAME **KOCH, REXFORD R**
STREET ADDRESS **225 W. VIRGINIA AVE.**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **CRUMBAUSH, JAMES A**
STREET ADDRESS **309 TAMiami TRAIL UNIT 113**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **P/S/T/D** ☒ Change ☐ Addition
NAME **Crumbaugh, James A. III**
STREET ADDRESS **309 Tamiami Trail, Unit 113**
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **D** ☐ Delete
NAME **CRUMBAUGH, VIRGINIA S**
STREET ADDRESS **309 TAMiami TRAIL UNIT 113**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Crumbaugh Jr

Date

Daytime Phone #

1-13-04

941-639-2600