

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036140

FILED
Apr 30, 2004
Secretary of State

Entity Name: SOUTHERN DISTINCTION, INC.

Current Principal Place of Business:

5247 DEER SPRINGS DR.
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

5247 DEER SPRINGS DR.
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 02-0612756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EARLS, RICHARD D
5247 DEER SPRINGS DR.
CRESTVIEW, FL 32539

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EARLS, RICHARD D
Address: 5247 DEER SPRINGS DR.
City-St-Zip: CRESTVIEW, FL 32539

Title: V () Delete
Name: ZARATE, VICTOR JR.
Address: 214 DAVIS DR.
City-St-Zip: NICEVILLE, FL 32578

Title: V () Delete
Name: WILLIAMS, MARTIN R
Address: 127 NORTH WELLS STREET
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: V () Delete
Name: EARLS, HAROLD L JR.
Address: 25425 BLACK DIAMOND RD
City-St-Zip: ANDALUSIA, AL 36420

Title: STV () Delete
Name: EARLS, LAURA C
Address: 5247 DEER SPRINGS DR.
City-St-Zip: CRESTVIEW, FL 32539

Title: V () Delete
Name: EARLS, ROSE M
Address: 25425 BLACK DIAMOND RD
City-St-Zip: ANDALUSIA, AL 36420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: WILLIAMS, MARTIN R
Address: 1166 LAZY ACRE
City-St-Zip: PANAMA CITY BEACH, FL 32413

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

Title: VST (X) Change () Addition
Name: EARLS, LAURA C
Address: 5247 DEER SPRINGS DR.
City-St-Zip: CRESTVIEW, FL 32539

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: LAURA C. EARLS

VST

04/30/2004

Electronic Signature of Signing Officer or Director

Date