


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

02-12-2004 90029 034 ***158.75
07-30-2004 90005 011 ***158.75

DOCUMENT # P02000132189	
1. Entity Name SOUTHERN HOME BUYERS, INC.	

Principal Place of Business 1270 COUNTY ROAD, 465 SELMA, AL 36701	Mailing Address 1270 COUNTY ROAD, 465 SELMA, AL 36701
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44050790



2. Principal Place of Business 5280 Cochran Circle	3. Mailing Address 5280 Cochran Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07082004 Chg-P CR2E034 (10/03)

City & State Montgomery AL 36109	City & State Montgomery AL
Zip 36109	Country US

4. FEI Number
APPLIED FOR 20-1335970

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

6. Name and Address of Current Registered Agent REID, L. BYRON 109 HARRISON AVENUE PANAMA CITY, FL 32401	
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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RESTER, FRANCIS E II 1270 CO RD 465 SELMA, AL 36701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rester, Francis E. II 5280 Cochran Circle Montgomery, AL 36109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Francis E. Rester II 7/26/04 334-202-1758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #