2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State
02-11-2005 90025 006 ***150.00

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02072005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000001029

1. Entity Name
SOUTHERN COUNTRY ESTATES, INC.

Principal Place of Business	Mailing Address
1290 WESTON ROAD PENTHOUSE WESTON, FL 33326	1290 WESTON ROAD PENTHOUSE WESTON, FL 33326

2. Principal Place of Business	3. Mailing Address
14201 Stirling Rd	14201 Stirling Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: S.W. Ranches, FL	City & State: Southwest Ranch, FL
Zip: 33330 Country: USA	Zip: 33330 Country: USA

4. FEI Number: 56-2315753 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES
1200 WESTON ROAD
PENTHOUSE
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name: ~~Southern Country Estates~~ Robert S. Castellano
Street Address (P.O. Box Number is Not Acceptable): 14201 Stirling Road
City: Southwest Ranches FL Zip Code: 33330

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] 2/8/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTELLANO, ROBERT 1200 WESTON RD., PENTHOUSE WESTON, FL 33326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Castellano 14201 Stirling Road Southwest Ranches, FL 33330 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELLETT, MICHAEL 36 FIESTA WAY FORT LAUDERDALE, FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 2/8/05 954 214.4733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #