2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # P03000027649 04-01-2004 90019 013 ***150.00 SOUTHERN LAND VENTURES, INC. Principal Place of Business Mailing Address 44023738 4891 SE MARINER VILLAGE LANE 4891 SE MARINER VILLAGE LANÉ STUART, FL 34997 US STUART, FL 34997 US 2. Principal Place of Business 3. Mailing Address 4531 SE FEDERAL HWY <u>6531 SE FEDERAL</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 03202004 CR2E034 (10/03) Chg-P Haoa Haoa 4. FEI Number 51:0450735 Applied For City & State City & State STUART. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRUDOVICH, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 4891 SE MARINER VILLAGE LANE STUART, FL 34997 APTHAOA SE FEDERAL HWY Zig Code 997 STUART 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition GRUDOVICH, GREGORY J NAME NAME 6531 SE FEDERAL HWY APT. H202 STREET ADORESS 4891 SE MARINER VILLAGE LANE STREET ADDRESS STUART, FL 349**9**7 CITY-ST-7/P STUART, FL 34997 CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7IP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE MASAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS with this tling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on is true and accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver or trachanged, or on an attachment with an action of the corporation or the receiver or trachanged.

E OF SIGNING OFFICER OR DIRECTOR

FILED