2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

	ANNUAL R	EPORT (AR)	}		, FILED		
DOGUMENT # P03000061645				AT D	May 01, 2006 08:00 AM Secretary of State		
SOUTHER	RLAND, INC.				Secretary of	State	
Principal Plac	e of Business	Mailing Address	 _				
416 NW 95TH WAY GAINESVILLE FL 32607		416 NW 95TH WAY GAINESVILLE FL 32607					
2. Principal Place of Business		3. Mailing Address)		
Suite, Apt. II., etc.		Suite, Apt. #, etc.		<u> </u>	34 (10/05)		
City & State		City & State		4. FEI Number 20-0042150	<u> </u>	Applied For Not Applicat	
Zip	Country	Zıp	Count	try	5. Certificate of Status Desired	\$8.75 A	dditional ed
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registere	d Agent	
SOUTHERLAND, JAMES H JR					P.O. Box Number is Not Acceptable)		
416	NW 95TH WAY NESVILLE FL 32607		Street Address (P.G. BCX Number's Not Acceptable)		
				City	F	Zip Co	de
The above named entity submits this statement for the purpose of changing its re				ed office or register		-	n, and accept
the obligat	tions of registered agent.	18	. J				
SIGNATURE	Signeyare typea or promod name of registered agont a	and tile if acute oble the TAUTTE	Registeres	i Agent signatura required	when rejestalmut DAT	,	
	TLE NOW!!! FEE IS \$150.00	(441				 ,	
After	May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of				Election Campaign Final Trust Fund Contribution.		5.00 May Be ded to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOUTHERLAND, JAMES H JR. 416 NW 95TH WAY GAINESVILLE FL 92607	☐ Qelote	1	1	05/13/06-80082-0	□ Change 123 150.	☐ Addillion
HILE NAME STREET ADDRESS CITY-ST-JIP		☐ Defele	•	j j		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Geicte	5	ŧ		☐ Chonye	Addinor
SYLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Detecte	Æ	1		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dolete		f		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete		l		Change	Add/illor
indicated of the co if change	t on this report or supplemental report is	s true and accurate and that movement to execute this report	ny signa: Las requ	ture shall have the	ed in Section 119, Florida Statutes. I further of same legal effect as if made under oath, that 07, Florida Statutes, and that my name appears. 4-26-06 352	If am an offic ars in Block 1	er or director D or Block 11

4-26-06 352-215-9435