

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084176

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** SOUTH COUNTY ASSOCIATES, INC.

**Current Principal Place of Business:**

314 SOUTH COUNTY ROAD  
PAM BEACH, FL 33480

**New Principal Place of Business:**

314 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480

**Current Mailing Address:**

314 SOUTH COUNTY ROAD  
PAM BEACH, FL 33480

**New Mailing Address:**

314 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480

FEI Number: 01-0461233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSA, CYNTHIA M  
201 GREGORY ROAD  
WEST PALM BEACH, FL 33405 US

**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: PSTD ( ) Delete  
Name: ROSA, CYNTHIA M  
Address: 314 SOUTH COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: ROSA, CYNTHIA M  
Address: 201 GREGORY ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405

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: CYNTHIA M. ROSA

PSTD

04/27/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date