

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90133 048 ***150.00

DOCUMENT # P04000031237					
1. Entity Name SOUTHERN GRACE, INC.					
Principal Place of Business 525 INDIAN RIVER AVE, STE 304 TITUSVILLE, FL 32796-3578			Mailing Address 525 INDIAN RIVER AVE, STE 304 TITUSVILLE, FL 32796-3578		
2. Principal Place of Business 5090 N HIGHWAY 99		3. Mailing Address 5090 N HIGHWAY 99			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Century, FL		City & State Century, FL		4. FEI Number 20-0647381	
Zip 32535		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURELL, JOHN 525 INDIAN RIVER AVE, STE 304 TITUSVILLE, FL 32796-3578			7. Name and Address of New Registered Agent Name: Murell, Sharon Street Address (P.O. Box Number is Not Acceptable): 5090 N HIGHWAY 99 City: Century FL Zip Code: 32535		
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: <i>Sharon Murell</i> Sharon Murell 8-19-05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing <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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MURELL, SHARRON <input type="checkbox"/> Delete 525 INDIAN RIVER AVE, STE 304 TITUSVILLE, FL 327963578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Murell, Sharon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5090 N. HIGHWAY 99 Century, FL 32535	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURELL, JOHN <input checked="" type="checkbox"/> Delete 525 INDIAN RIVER AVE, STE 304 TITUSVILLE, FL 327963578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Godwin, Kimberly K <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5090 N HIGHWAY 99 Century, FL 32535	
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	
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	
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	
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: <i>Sharon Murell</i>		Sharon Murell President		8-19-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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08192005 Chg-P CR2E034 (10/03)