


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90369 042 ***150.00

DOCUMENT # P04000068006 1. Entity Name SOUTHERN HOMES & REAL ESTATE, INC.			
Principal Place of Business 13029 ROYAL FERN DR. ORLANDO, FL 32828		Mailing Address 13029 ROYAL FERN DR. ORLANDO, FL 32828	
2. Principal Place of Business 5628 Padgett Circle Suite, Apt. #, etc.		3. Mailing Address 5628 Padgett Circle Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32839 Country Orange		City & State Orlando, FL Zip 32839 Country Orange	
4. FEI Number 20-1168147		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKSHEAR, STACIE L 13029 ROYAL FERN DR. ORLANDO, FL 32828		7. Name and Address of New Registered Agent Name Blackshear Stacie L. Street Address (P.O. Box Number is Not Acceptable) 5628 Padgett Circle City Orlando FL Zip Code 32839	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BLACKSHEAR, STACIE L 13029 ROYAL FERN DR. ORLANDO, FL 32828	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stacie L. Blackshear 5628 Padgett Circle Orlando, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Stacie L. Blackshear</i>		3/16/06 407-852-0844	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	