

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90020 002 \*\*\*150.00

**DOCUMENT # P05000017514**

1. Entity Name  
**SOUTHERN HOMESITES, INC.**



Principal Place of Business  
**2200 NORTH FEDERAL HIGHWAY  
SUITE 203  
BOCA RATON, FL 33432 US**

Mailing Address  
**2200 NORTH FEDERAL HIGHWAY  
SUITE 203  
BOCA RATON, FL 33432 US**



03262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2277527**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MILLER, JOHN P  
2499 GLADES ROAD  
SUITE 305A  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ENTRY, JOHN  
STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY STE 230  
CITY- ST- ZIP BOCA RATON, FL 33432

TITLE VPD  
NAME MUTTILLO, DOMINIC A  
STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY STE 203  
CITY- ST- ZIP BOCA RATON, FL 33432

TITLE STD  
NAME SULLIVAN, GREGORY M  
STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY STE 203  
CITY- ST- ZIP BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 information answered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

(Do Not Print)