2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# P05000131061

Entity Name: SOUTHERN LIFESTYLE HOMES, INC.

Current Principal Place of Business:

2848 HWY 95A SOUTH
CANTONMENT, FL 32533

New Principal Place of Business:

2560 HWY 95A SOUTH
CANTONMENT, FL 32533

Current Mailing Address:

2848 HWY 95A SOUTH
CANTONMENT, FL 32533

New Mailing Address:

2560 HWY 95A SOUTH
CANTONMENT, FL 32533

FEI Number: 20-3542545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARTRICK, DAVID W
2848 HWY 95A SOUTH
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

PARTRICK, DAVID W
2560 HWY 95A SOUTH
CANTONMENT, FL 32533 US

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: DAVID W. PARTRICK 04/18/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PARTRICK, DAVID W
Address: 2848 HWY 95A SOUTH
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete
Name: MCMILLAN, MIKEL S
Address: 2848 HWY 95A SOUTH
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PARTRICK, DAVID W
Address: 2560 HWY 95A SOUTH
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change ( ) Addition
Name: MCMILLAN, MIKEL S
Address: 2560 HWY 95A SOUTH
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID W. PARTRICK D 04/18/2008
Electronic Signature of Signing Officer or Director Date