## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P06000067454 1. Entity Name SOUTH CORNER CORPORATION



FILED Jan 16, 2008 08:00 AN Secretary of State

Principal	Place	of	Business
, , , , , , , , , , , , , , , , , , , ,		٠,	

4410 FAIRFIELD DR. PENSACOLA, FL 32506 Mailing Address

P.O. BOX 3229

PENSACOLA, FL 32516



## DO NOT WRITE IN THIS SPACE

 01112008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAIR, DONNA L. 4410 FAIRFIELD DR. PENSACOLA, FL 32506

SIGNATURE:

## 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 title if applicable (INOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			ng 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECT	TORS			<u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIR, DONNA L. 4410 FAIRFIELD DR. PENSACOLA, FL 32506				U00000786324 01/17/08~80036-004 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<b>1</b>			
NAME STREET ADDRESS CITY-ST-ZIP	Let in the second of the secon							
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.								

Donna L. Mair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08

850 456 5722

Daytime Phone #