

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000098968

FILED
Jan 28, 2012
Secretary of State

Entity Name: SOUTHERN CAPE HOLDINGS INC.

Current Principal Place of Business:

610 VICTORIA DRIVE
APT A202
CAPE CORAL, FL 33904

New Principal Place of Business:

1110 SE 41ST ST
CAPE CORAL, FL 33904

Current Mailing Address:

610 VICTORIA DRIVE
APT A202
CAPE CORAL, FL 33904

New Mailing Address:

1110 SE 41ST ST
CAPE CORAL, FL 33904

FEI Number: 61-1665080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHM, SHARON
610 VICTORIA DRIVE
APT A202
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

BOHM, SHARON
1110 SE 41ST ST
CAPE CORAL, FL 33904 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:

01/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BOHM, SHARON
Address: 1110 SE 41ST ST
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: FAULKNER, MICHAEL A
Address: 1110 SE 41ST ST
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: BELL, ANDREW E
Address: 303 NORWAY DRIVE
City-St-Zip: DOVER, DE 19901

Title: P
Name: BOHM, SHARON
Address: 1110 SE 41ST ST
City-St-Zip: CAPE CORAL, FL 33904

Title: S
Name: BOHM, SHARON
Address: 1110 SE 41ST ST
City-St-Zip: CAPE CORAL, FL 33904

Title: T
Name: BOHM, SHARON
Address: 1110 SE 41ST ST
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: SHARON BOHM

PRES

01/28/2012

Electronic Signature of Signing Officer or Director

Date