


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90026 040 ***150.00

DOCUMENT # P93000006194
 1. Entity Name
 SOUTHTREND REALTY, INC.



Principal Place of Business Mailing Address
~~760 A NORTH DRIVE~~ MELBOURNE, FL 32934 US ~~760 A NORTH DRIVE~~ MELBOURNE, FL 32934 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 739 NORTH DRIVE 739 NORTH DRIVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
 STE F STE F

City & State City & State
 MELBOURNE, FL MELBOURNE, FL

Zip Country Zip Country
 32934 BREVARD 32934 BREVARD

40059911



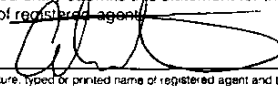
02152007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 59-3164956 Not Applicable

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

6. Name and Address of Current Registered Agent
 RATHBUN, ADAM C
~~2265 KEYSTONE AVE~~ MELBOURNE, FL 32904
 6021 ORANGEVIEW DR

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RATHBUN, ADAM C	
STREET ADDRESS	2265 KEYSTONE AVE.	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARTS, KARENA	
STREET ADDRESS	210 MAGNOLIA ST.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6021 ORANGEVIEW DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Karen Marts KAREN MARTS 4/4/08 321-752-1199
Signature and typed or printed name of signing officer or director Date Daytime Phone #