

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018455

FILED
Jul 06, 2007
Secretary of State

Entity Name: SOUTHERN GARDENS AND DESIGNS, INC.

Current Principal Place of Business:

429 NORTHLAKE BLVD.
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

429 NORTHLAKE BLVD.
SUITE 2
NORTH PALM BEACH, FL 33408 US

Current Mailing Address:

P.O. BOX 31856
PALM BEACH GARDENS, FL 33420 US

New Mailing Address:

P.O. BOX 31856
PALM BEACH GARDENS, FL 334201856 US

FEI Number: 65-0392052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COGGINS, THOMAS F III
429 NORTHLAKE BLVD.
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

COGGINS, THOMAS F III
429 NORTHLAKE BLVD.
SUITE 2
NORTH PALM BEACH, FL 33408 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:

07/06/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: COGGINS, MICHELLE A BLADES
Address: 429 NORTHLAKE BLVD., #2
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: V () Delete
Name: COGGINS, THOMAS F III
Address: 429 NORTHLAKE BLVD., #2
City-St-Zip: NORTH PALM BEACH, FL 33408 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELLE COGGINS

PT

07/06/2007

Electronic Signature of Signing Officer or Director

Date