

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90048 016 ***158.75



DOCUMENT # P93000088599
 1. Entity Name
SOUTHERN PROPERTIES/TREASURE COAST, INC.

Principal Place of Business Mailing Address
3418 NE INDIAN RIVER DR. **3418 NE INDIAN RIVER DR.**
JENSEN BEACH FL 34957 **JENSEN BEACH FL 34957**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3422 NE INDIAN RIVER DR. **3422 NE INDIAN RIVER DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State
JENSEN BEACH FL **JENSEN BEACH FL**
 Zip Country Zip Country
34957 **USA** **34957** **USA**

4. FEI Number Applied For
65-0457842 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ADAMS, MICHAEL J
3418 NE INDIAN RIVER DR.
JENSEN BEACH FL 34957

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 Michael J Adams 1/19/2007
Signature, typed or printed name of registered agent and date, if applicable. NOTE: Registered Agent signature required when registering.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ADAMS, FAYE B P.O. BOX 1882 JENSEN BEACH FL 34958 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ADAMS, MICHAEL J. 3418 NE INDIAN RIVER DR. JENSEN BEACH FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD ADAMS, JORDAN E. III P.O. BOX 1882 JENSEN BEACH FL 34958 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Adams, Michael, J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3422 NE INDIAN RIVER DR. JENSEN BEACH FL 34957
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael J Adams 1/19/2007 772-334-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #