

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-07-2008 90031 036 ***158.75



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

Principal Place of Business Mailing Address
3422 NE INDIAN RIVER DR. JENSEN BEACH FL 34957



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number **65-0457842** Applied For Not Applicable

Zip Country Zip Country

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
CHANGE

7. Name and Address of New Registered Agent

Name **ADAMS, MICHAEL J.**
 Street Address (P.O. Box Number is Not Acceptable)
1821 NE MANGO TERRACE
 City **JENSEN BEACH** FL Zip Code **34957**

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 non-stated agent and title, if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	ADAMS, FAYE B	
STREET ADDRESS	P.O. BOX 1882	
CITY-ST-ZIP	JENSEN BEACH FL 34958	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, MICHAEL J.	
STREET ADDRESS	3422 NE INDIAN RIVER DR	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ADAMS, JORDAN E. III	
STREET ADDRESS	P.O. BOX 1882	
CITY-ST-ZIP	JENSEN BEACH FL 34958	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MICHAEL	
STREET ADDRESS	1821 NE MANGO TERR.	
CITY-ST-ZIP	JENSEN Bch. FL. 34957	
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 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 another line empowered.

SIGNATURE: *Michael J. Adams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #