

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90038 033 \*\*\*150.00

**DOCUMENT # P94000005490**

1. Entity Name  
**SOUTHLAND HOMES CORP.**



Principal Place of Business  
**27 S HWY 17-92  
STE 2  
DEBARY, FL 32713 US**

Mailing Address  
**27 S HWY 17-92  
STE 2  
DEBARY, FL 32713 US**

10000000



**DO NOT WRITE IN THIS SPACE**

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3366242**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAGOOD, RAY E  
685 MERCERS FERNERY RD  
DELAND, FL 32720**

*27 South U.S. Hwy. 17-92  
SUITE #2  
DEBARY FL 32713*

**DO NOT WRITE  
IN THIS SPACE**

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 *X* *Ray E. Hagood*  
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

*Ray E. Hagood*

*1/18/2005*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
HAGOOD, RAY E  
685 MERCERS FERNERY RD  
DELAND, FL 32720**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HAGOOD, RITA L  
685 MERCERS FERNERY RD  
DELAND, FL 32720**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *X* *Ray E. Hagood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ray E. Hagood*

Date

*1/18/2005 386-668-0049*  
Daytime Phone #