2004 FOR PROFIT CORPORATION

FILED Mar 08, 2004 08:00 AN Secretary of State

ANNUAL REPURI	Constant of C4a
DOCUMENT # P94000038017	Secretary of Sta
1. Entity Name	
CORRAL SOUTH, INC.	
	COLUMN TO THE STATE OF THE STAT
Principal Place of Business Mailing Address	
4101 EVANS AVENUE 4101 EVANS AVENUE	
FT. MYERS, FL 33901 US FT. MYERS, FL 33901	US
	I PERMITARA MANARANTA INANANANANANANANANANANANANANANANANANAN
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DO NOT WHITE IN THE OR	01192004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SP	WWW. 17(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1
	65-0497048 Not Applicable
	5. Certificate of Status Desired S8.75 Additional Fee Regulred
6. Name and Address of Current Registered Agent	
ODEEN DOUGE D	
GREEN, BRUCE D 1520 ROYAL PALM SQUARE BLVD., #320	DO NOT WRITE
FT. MYERS, FL 33919	IN THIS SPACE
	IN IIIIO OI AOL
Wath	Company of the contract of the
The above named entity submits this statement for the purpose of changing its regithe obligations of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the congations of registered agent.	
SIGNATURE Signature, typad or printed name of registered agent and title if applicable (NOTE, Rec	egistered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign F	+
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribut	Added to read
10. OFFICERS AND DIRECTORS	The state of the section of the sect
HAME BROWN, DAVID C	
STREET ADDRESS 4048 EVANS AVE., STE 301	and the state of t
CITY-ST-ZIP FORT MYERS, FL 33901	U00000000000000
MILE	03/08/04-80106-018 150.no
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NAME	
STREET ADDRESS	DO NOT WRITE
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NAME	IN THIS SPACE
STREET ADDRESS	
CITY-SI-ZIP	
THE	
NAME STREET ADDRESS	
CITY-SI-ZIP	
TITLE	

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 report is true and accurate anothal 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 true 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 on powered.

SIGNATURE:

City-Si-22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04

(239) 275-1176