## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Apr 20, 2006 8:00 am Secretary of State

	AIIIOAL	ILLI OILI			DCCI CH	ary or St	au	
DOCUMENT # P9500009298  1. Entity Name SOUTHERN COMFORT DEVELOPMENT COMPANY, INC.					04-20-2006 90216 028 ***150.00			
Principal Plac	e of Business	Mailing Address				-0044000		
525 8 ST W		525 8 ST W			1	50014223		
BRADENTON, FL 34205 BRADENTON, FL 34205			5		00022444			
2. Principal Place of Business 4/17 - 12 Th 5T W PO BOX			. 20 1					
Suite, Apt. #, etc. Suite, Apt. #, etc.		961	04132006	Chg-P	CR2E034 (11/05)			
209 City & State City & State				4. FEI Numb			oplied For	
Bradent no Bradent			ton	65-055	•		ot Applicable	
34205 Country A 34206			Country 5 A	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current		Name	7. Name and	Address of New I	Registered Agent		
MAPES, REED W.								
525 8 ST V BRADENT	N ON, FL 34205	Street Add	Street Address (P.O. Box Number is Not Acceptable)					
,			417	417-12th ST W SwITE 209				
			1/2/7	City Bradentin FL 型第205				
	named entity submits this statement for tions of registered agent.	r the purpose of changing its i	registered office or re	egistered agent, or bo	th, in the State of F	lorida. I am familiar with,	and accept	
SIGNATURE.				4/17/0	6			
SIGNATURE	Signature, type or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature	required when reivistating)		DATE	· · · · · · · · · · · · · · · · · · ·	
	్డి E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contr		\$5.00 May Be Added to Fees				
10.	. OFFICERS AND DIRECTORS		11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE			Change	☐ Addition	
NAME	MAPES, REED W		NAME	UM INT	657 W	SUITE -	200	
STREET ADDRESS CITY-ST-ZIP	525 8 ST W BRADENTON, FL 34205	STREET ADDRESS CITY-ST-ZIP	111-121	107 W	51117€ 2 1 34205	7		
TITLE	BRADENTON, FL 34200	☐ Delete	TITLE	OTUGED	TOTI, FI	□ Change	☐ Addition	
NAME		CT Detete	NAME			□ cuange	☐ Worllon	
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Defete	TITLE			☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
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NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
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NAME		L. Delete	NAME				Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	,		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	■ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
***************************************			CITY-ST-ZIP					
CITY-ST-ZIP								
	certify that the information supplied with	this filling does not qualify for	the exemptions con	tained in Chapter 11	9. Florida Statutes	I further certify that the i	information	
12. I hereby indicated of the co	certify that the information supplied with on this report or supplemental report is reporation or the receiver or trustee empt , or on an attachment with an address, v	this filing does not qualify for true and accurate and that many the swered to execute this report.	r the exemptions cor ny signature shall hav as required by Chant	ntained in Chapter 11 re the same legal effe ter 607, Florida Statut	9, Florida Statutes. ct as if made under es: and that my nar	I further certify that the introduction of the certify that the interest in Block 10 certifies appears a	information r or director or Block 11 if	