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Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90038 003 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000013269

1. Entity Name
SOUTHERN SHORES PROPERTIES, INC.

Principal Place of Business	Mailing Address
5365 E. CO. HWY 30A STE 101 SANTA ROSA BEACH, FL 32459	PO BOX 2324 SANTAROSA BEACH, FL 32459 US

01282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	PO Box 1637
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Santa Rosa Beach, FL
Zip / Country	Zip: 32459 / Country

4. FEI Number: 59-3307010 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, GEORGE E
10140 E CO. HWY 30A
PANAMA CITY, FL 32413

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, GEORGE E PO BOX 2324 SANTA ROSA BEACH, FL 32459	☐ Delete	PO Box 1637 Santa Rosa Beach, FL. 32459	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEST, HERBERT C PO BOX 2324 SANTA ROSA BEACH, FL 32459	☐ Delete	PO Box 1637 Santa Rosa Beach, FL. 32459	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 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: George E. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #