


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90050 030 \*\*\*150.00

|   |  |         |   |   |  |
|---|--|---------|---|---|--|
| <b>DOCUMENT # P95000013269</b><br>1. Entity Name<br><b>SOUTHERN SHORES PROPERTIES, INC.</b>   |  |         |   |    |  |
| Principal Place of Business<br><b>5365 E. CO. HWY 30A<br/>STE 101<br/>SANTA ROSA BEACH, FL 32459</b>  |  |         | Mailing Address<br><b>PO BOX 1637<br/>SANTAROSA BEACH, FL 32459 US</b>  |   |  |
| 2. Principal Place of Business<br><b>3100 Merion Dr</b><br>Suite, Apt. #, etc.  |  |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |
| City & State<br><b>Miramar Beach, FL.</b>   |  |         | City & State<br><br>  |   |  |
| Zip<br><b>32550</b>   |  | Country |   | 4. FEI Number<br><b>59-3307010</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |         |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MITCHELL, GEORGE E<br/>10140 E CO. HWY 30A<br/>PANAMA CITY, FL 32413</b>  |  |         |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3100 Merion Dr</b><br>City <b>Miramar Beach</b> <b>FL</b> Zip Code <b>32550</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>MITCHELL, GEORGE E</b><br><b>PO BOX 1637</b><br><b>SANTA ROSA BEACH, FL 32459</b> <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>WEST, HERBERT C</b><br><b>PO BOX 1637</b><br><b>SANTA ROSA BEACH, FL 32459</b> <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| 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. |  |         |   |   |  |
| <b>SIGNATURE:</b> <u>George Mitchell</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |         |   |   |  |
| Date _____ Daytime Phone # _____  |  |         |   |   |  |

**50004771**



01182005 Chg-P CR2E034 (10/03)