

# 2004 FOR PROFIT CORPORATION - ANNUAL REPORT

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000023925**

1. Entity Name

**SOUTHERN REALTY OF N.E. FLORIDA, INC.**



Principal Place of Business

**4745 SUTTON PARK COURT  
BLDG. 500, SUITE 501  
JACKSONVILLE, FL 32224**

Mailing Address

**4745 SUTTON PARK COURT  
BLDG. 500, SUITE 501  
JACKSONVILLE, FL 32224**



03242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3306055** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARON, BARTLETT  
BARTLETT & HEEKIN PA  
50 HWY A1A #103  
PONTE VEDRA BCH, FL 33082**

**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

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

TITLE **DP**  
NAME **DAUSEND, THOMAS**  
STREET ADDRESS **4745 SUTTON PARK CT., BLDG. 500, STE. 501**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **DVP**  
NAME **ANTZAKLIS, BETH**  
STREET ADDRESS **4745 SUTTON PARK CT., BLDG. 500, STE. 501**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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**DO NOT WRITE  
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/lt Phone #

4/2/04 904 992200