

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 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**



04062005 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 & HECKIN 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

0000000316715

04/19/05-00005-011-150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

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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)(f), 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:

Beth Antzaklis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beth Antzaklis

Date

4/19/05

Daytime Phone #

904-992-2100