


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # P95000059528	
1. Entity Name SOUTHRIDGE PROPERTIES, INC.	

Principal Place of Business COUNTY ROAD 561 TAVARES, FL 32778 US	Mailing Address 4117 COUNTY ROAD 561 TAVARES, FL 32778 US
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3359850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STONE, LEWIS W
4850 N HWY 19A
MOUNT DORA, FL 32757**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	NAME BERENS, PATRICIA
STREET ADDRESS 6755 ROUND LAKE ROAD	CITY-ST-ZIP MOUNT DORA, FL 32757
TITLE VP	NAME BERENS, THOMAS
STREET ADDRESS 81275 W 43RD PLACE	CITY-ST-ZIP GAINESVILLE, FL 32608
TITLE ST	NAME BERENS, CHRIS
STREET ADDRESS 4117 COUNTRY ROAD 581	CITY-ST-ZIP TAVARES, FL 32778
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE

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01/14/08-80027-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Chris Berens 1/8/08 352.223.6766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #