

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000086154

1. Entity Name

SOUTHERN VENTURES OF OKALOOSA COUNTY, INC.



Principal Place of Business

819 PINEDALE RD
FT WALTON BCH, FL 32547 US

Mailing Address

P.O. BOX 456
FT. WALTON BEACH, FL 32549 US

FILED
04 MAY -5 PM 6:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3348361

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LARSON, LOWELL C.
819 PINEDALE RD
FORT WALTON BEACH, FL 32547

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

100036267921
05/13/04--01057--002 **200.00

**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 P
NAME LARSON, LOWELL
STREET ADDRESS 819 PINEDALE RD
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE VPS
NAME HENDERSON, BRENDA
STREET ADDRESS 819 PINEDALE RD
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

4-26-04

Date

850-863-3242x107

Daytime Phone #