

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90005 018 ***150.00

DOCUMENT # P96000006566

1. Entity Name
SOUTHERN PROPERTY CONSULTANTS, INC.



Principal Place of Business
1680 SW BAYSHORE BLVD
SUITE 227
PORT SAINT LUCIE, FL 34984 US

Mailing Address
1680 SW BAYSHORE BLVD
SUITE 227
PORT SAINT LUCIE, FL 34984 US

54015133



2. Principal Place of Business
Same

3. Mailing Address
2931 Kerry Forest Parkway

Suite, Apt. #, etc.
Ste. 224

Suite, Apt. #, etc.
Suite 201

City & State
Same

City & State
Tallahassee, FL

Zip
Same

Zip
32309

Country

Country

02242004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0654364

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEEKER, RAYMOND F
1680 SW BAYSHORE BLVD
STE 227
PORT SAINT LUCIE, FL 34984

7. Name and Address of New Registered Agent

Name
Same

Street Address (P.O. Box Number is Not Acceptable)
Same

Suite 224

City
Same

FL Zip Code
Same

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKER, RAYMOND F 1680 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEMPLIN, JON 1680 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jon Templin</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3600 NW 43rd Street, Ste D-2</i> <i>Gainesville, FL 32606</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRUNCONE, NICK 1680 BAYSHORE BLVD PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nick Truncone <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2931 Kerry Forest Parkway, Ste 201</i> <i>Tallahassee, FL 32309</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Raymond F Meeker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04 (772) 336-5229
Date Daytime Phone #