

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000008740

1. Entity Name
SOUTHERN COASTAL DEVELOPMENT, INC.



Principal Place of Business
**1015 BAY COLONY DR. S.
JUNO BEACH, FL 33408**

Mailing Address
**1015 BAY COLONY DR. S.
JUNO BEACH, FL 33408**



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

A. FEI Number
65-0644036 Applied For
Not Applicable
B. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**VRBANEC, STEPHAN R
1015 BAY COLONY DR. S.
JUNO BEACH, FL 33408**

**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**

**U000000355942
05/04/05-80016-012 158.75**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	VRBANEC, STEPHAN
STREET ADDRESS	1015 BAY COLONY DR. S.
CITY - ST - ZIP	JUNO BEACH, FL 33408
TITLE	V
NAME	WHITE, FRANK
STREET ADDRESS	1015 BAY COLONY DR. S.
CITY - ST - ZIP	JUNO BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

561.624.0055
Daytime Phone #