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FILED
Apr 23, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000013572			
1. Entity Name SOUTHLAND INSURANCE, INC.			
Principal Place of Business 4213 BEE RIDGE RD SARASOTA, FL 34233 US		Mailing Address 4213 BEE RIDGE RD SARASOTA, FL 34233 US	
DO NOT WRITE IN THIS SPACE		04192004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0635663	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRITT, WILLIAM A JR 4213 BEE RIDGE RD SARASOTA, FL 34233		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000126779 04/23/04-60047-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITT, WILLIAM A JR. 4213 BEE RIDGE ROAD SARASOTA, FL 34233	DO NOT WRITE IN THIS SPACE	
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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: <u>William A. Britt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR</small>		4/22/04 941-378-1188 <small>Date Keyline Phone #</small>	