



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90090 002 ***150.00

DOCUMENT # P96000014223 1. Entity Name SOUTHERN CLASSIC REALTY, INC.					
Principal Place of Business 200 GRAND BLVD STE 205B DESTIN, FL 32550			Mailing Address FLAULTT C/O BRENDA FLAULTT 4503 OLDE PLANTATION PL 26 E. St. Lucia Lane DESTIN, FL 32541 Santa Rosa Beach, FL 32459		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 26 E. St. Lucia Lane Suite, Apt. #, etc.			
City & State		City & State Santa Rosa Beach, FL		4. FEI Number 59-3363419	
Zip 32459		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLAULTT, BRENDA 4503 OLDE PLANTATION PL 26 E. St. Lucia Lane DESTIN, FL 32541 Santa Rosa Beach, FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 26 E. St. Lucia Lane City Santa Rosa Beach FL Zip Code 32459	
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, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLAULTT, BRENDA 4503 OLDE PLANTATION PL 26 E. St. Lucia Lane DESTIN, FL 32541 Santa Rosa Beach, FL 32459		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Brenda Flaultt</u> <u>Brenda Flaultt</u> <u>3/8/06</u> <u>850 622-1114</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					