

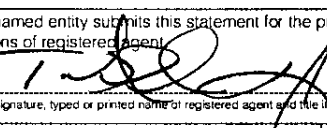
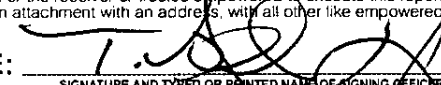


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000080417 1. Entity Name SOUTHERN LANDMARKS, INC. OF WALTON COUNTY					
Principal Place of Business BAY POINT, BOX 27-247 PANAMA CITY BEACH, FL 32407			Mailing Address BAY POINT, BOX 27-247 PANAMA CITY BEACH, FL 32407		
2. Principal Place of Business 8502 Lydia Lane Suite, Apt. #, etc.		3. Mailing Address 8502 Lydia Lane Suite, Apt. #, etc.			
City & State Panama City Beach, FL		City & State Panama City Beach, FL		4. FEI Number 59-3408666	
Zip 32408		Country BAY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUX, NICOL 2 MIRACLE STRIP LOOP PANAMA CITY BEACH, FL 32407				7. Name and Address of New Registered Agent Name: LUX, T. NICOL Street Address (P.O. Box Number is Not Acceptable): 8502 Lydia Lane City: Panama City Beach FL Zip Code: 32408	
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:  DATE: 9-28-06 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006			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	PSTV T. NICOL LUX 2 MIRACLE STRIP LOOP PANAMA CITY BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. NICOL LUX 8502 Lydia Lane Panama City Beach, FL 32408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080385784 10/03/06--01021--011 **750.00	
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	
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	
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 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: 			9-28-06 850-258-4090		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED
06 OCT -3 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA