

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039477

FILED
Feb 04, 2009
Secretary of State

Entity Name: SOUTH CENTRAL PROPERTIES, INC.

Current Principal Place of Business:

6610 33RD ST EAST
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

20220 LAREDO AVENUE
LAKEVILLE, MN 55044

New Mailing Address:

FEI Number: 65-0750922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL D CRONEN
6610 33RD STREET EAST
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRONEN, DANIEL W
Address: 20220 LAREDO AVE
City-St-Zip: LAKEVILLE, MN 55044

Title: VP () Delete
Name: CRONEN, PAUL D
Address: 6610 33RD STREET EAST
City-St-Zip: SARASOTA, FL 34243

Title: VP () Delete
Name: CRONEN, JOHN M
Address: 5201 19TH ST. EAST
City-St-Zip: ELLENTON, FL 34222

Title: VP () Delete
Name: CRONEN, PHILLIP W
Address: 3551 CRESTMOOR TERRACE
City-St-Zip: WOODBURY, MN 55125

Title: VP () Delete
Name: OLSON, CHARLES M
Address: 15951 HYLAND DR
City-St-Zip: APPLE VALLEY, MN 55124

Title: VP () Delete
Name: CRONEN, TIMOTHY A
Address: 10075 OAKSHORE DR.
City-St-Zip: LAKEVILLE, MN 55044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL CRONEN

MR.

02/04/2009

Electronic Signature of Signing Officer or Director

Date