2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Annoal III oii (ai)							т		FILE)	
DOCUMENT # P97000055159 1. Entity Name							Feb 07, 2005 08:00 AM Secretary of State				
SOUTHERN HERITAGE REALTY, INC.								Secr	etary (oi Sta	ıe
Principal Plac	ce of Business	Mailing Address			<u> </u>						
34 E PLANT ST WINTER GARDEN FL 34787 US			34 E PLANT ST WINTER GARDEN FL 34787 US					WHINNE HIN THIN HUNIN WHITE BE			Hi nd e fa ind i
2. Principal F	Place of Busine	3. Mailing Address									
Suite, Apt, #, etc.			Suite, Apt. #, etc.			15	st MOORE	CR2E034	(10/04)		
City & State			City & State				4. FEI Numb	NO-T APF	LICABLE		pplied For ot Applicable
Zip					Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name a	and Address of Current		Nama	7. Name an	d Address of New	Registered A	gent			
AMERILAWYER CHARTERED						Name					
343	ALMERIA RAL GABL				Street Address (P.O. Box Number is Not Acceptable)						
					City		** **	FL	Zip Cod	e	
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 act the obligations of registered agent.											and accept
SIGNATURE Signature, typed or printed name of regretored agent and little if applicable (NCTE Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00								9. Election Cam		<u> </u>	00 May Be
	k Payable to	State					Trust Fund C			ed to Fees	
10,		OFFICERS AND	DIRECTO		. 11.		ADDITIONS	CHANGES TO O	FFICERS AND		
TITLE NAME	STD CLARK, JAMES L		☐ Delete		HILL			U00000217470		Change	Addition
STREET ADDRESS						T ADDRESS		02/07/05-8(1026-005	150.00	•
CITY-SI-ZIP	WINDERMERE FL 34786		was a second assessment and a second assessment assessm		CITY	ST ZIP					
TITLE	PD CLARK CHRISTY-WERER		☐ Delete		HILI					☐ Change	Addition
NAME STREET ADDRESS	CLARK, CHRISTY-WEBER RESS 630 BULTER ST. P.O. BOX 885				NAM	ET ADDRESS					
CITY-SI-ZIP	WINDERMERE FL 34786					-S1-1P					
TITLE	V			☐ Delefe	TITLE					☐ Change	Addition
NAME Street address	CLARK, RUTH				NAM	F ADDRESS					
CITY-ST-ZIP	SS 630 BULTER ST. P.O. BOX 885 WINDERMERE FL 34786					-ST-7IP					
TITLE				☐ Delete	HU	t				Change	Addition
NAME					NAM Over						
STREET ADDRESS CITY+ST-ZIP						ET ADDRESS - ST- ZIP					
TITLE				☐ Delete	TITLE		•			☐ Change	Addition
NAME					NAM	·					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST - 7iP					
TITLE				□ Delete	TITLE					☐ Change	☐ Addillon
NAME				□ Delete	NAM					□ cuands	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY - ST - ZIP	<u> </u>			· · · · · · · · · · · · · · · · · ·		· ST · ZIP					
 12. I hereby of indicated 	certify that the	information supplied with or supplemental report is	this filing true and	does not qualify for accurate and that n	the exe	mption stated in Se ture shall have the s	ction 119.07(3) same legal effe)(i), Florida Statutes ct as if made unde	s I further cert er oath, that I a	ify that the ir m an officer	nformation or director
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 peport 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 AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

2-505 407. Z93-5560
Date Daytme Phone #