

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90030 001 ***150.00

DOCUMENT # P98000003604

1. Entity Name
SOUTHCAP PROPERTIES, INC.



Principal Place of Business
**2359 TREASURE ISLE DRIVE, #39
PALM BEACH GARDENS, FL 33410**

Mailing Address
**2359 TREASURE ISLE DRIVE, #39
PALM BEACH GARDENS, FL 33410**

04011000



2. Principal Place of Business

210 SUNSET BAY CT
Suite, Apt. #, etc.

3. Mailing Address

210 SUNSET BAY CT
Suite, Apt. #, etc.

02042004 Chg-P CR2E034 (10/03)

City & State

PALM BCH Gdns, FL
Zip **33418** Country

City & State

PALM BCH Gdns, FL
Zip **33418** Country

4. FEI Number
65-0808986

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WELLER, GLENN R
2359 TREASURE ISLE DRIVE, #39
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

210 SUNSET BAY CT

City **PALM BCH Gdns**

FL

Zip Code **33418**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WELLER, GLENN R**
STREET ADDRESS **2359 TREASURE ISLE DRIVE, #39**
CITY-ST-ZIP **210 SUNSET BAY CT
PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04

Date

Daytime Phone #

561-691-9189