

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90027 012 \*\*\*150.00

**DOCUMENT # P98000029363**

1. Entity Name

SOUTHERN HOUSING GROUP, INC.



Principal Place of Business

1981 CAPITAL CIR NE  
TALLAHASSEE FL 32308  
US

Mailing Address

PO BOX 3907  
TALLAHASSEE FL 32315  
US

2. Principal Place of Business

2858 Remington Green Cir.  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 15887  
Suite, Apt. #, etc.

City & State

Tall, FL

City & State

Tall, FL

4. FEI Number

59-3501398

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32317

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUERINO, JAMES R  
5409 ASHTON CT  
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

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

2858 Remington Green Cir.

City

Tall.

FL

Zip Code

32308

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

*James R. Guerino*

James R. Guerino

4/12/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GUERINO, JAMES	
STREET ADDRESS	5409 ASHTON CT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEONARD, THOMAS F	
STREET ADDRESS	C/O 1981 CAPITAL CIR NE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	YATA, RICHARD JR.	
STREET ADDRESS	1981 CAPITAL CIR N.E.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2858 Remington Green Circle	
CITY-ST-ZIP	Tall, FL 32308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	C/O 2858 Remington Green Circle	
CITY-ST-ZIP	Tall, FL 32308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2858 Remington Green Circle	
CITY-ST-ZIP	Tall, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*James R. Guerino*

James R. Guerino

4/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #