


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90306 037 \*\*\*150.00

<b>DOCUMENT # P98000038658</b>	
1. Entity Name <b>SOUTHERN PLANTATION, INC.</b>	

Principal Place of Business <b>1515 CR 210 W SUITE 211 JACKSONVILLE, FL 32259</b>	Mailing Address <b>2220 CR 210 WEST STE 108 JACKSONVILLE, FL 32259</b>
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2. Principal Place of Business <b>280 Business Park Circle</b>	3. Mailing Address <b>280 Business Park Circle</b>
Suite, Apt. #, etc. <b>409</b>	Suite, Apt. #, etc. <b>409</b>
City & State <b>St. Augustine FL</b>	City & State <b>St. Augustine FL</b>
Zip <b>32095</b>	Country <b>St. Johns</b>



03242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3520338</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WALLS, WALLACE R 2220 CR 210 WEST STE 108 JACKSONVILLE, FL 32259</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	<b>CPTD WALLS, WALLACE REID 2220 CR 210 WEST, STE 108 JACKSONVILLE, FL 32259</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 280 Business Park Circle Ste 409 St. Augustine FL 32095</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD WALLS, BRENDA ANN 2220 CR 210 WEST, STE 108 JACKSONVILLE, FL 32259</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 280 Business Park Circle Ste 409 St. Augustine FL 32095</b>
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
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 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:** Brenda Walls Brenda Walls 3/25/05 904-710-4822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #