


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000037008  
 1. Entity Name  
 SOUTHLAND VENTURES INCORPORATED



Principal Place of Business 4951 GULFSHORE BLVD N PH301 NAPLES, FL 34103	Mailing Address 4951 GULFSHORE BLVD N PH301 NAPLES, FL 34103
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**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3571643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUMM, WALTER T  
 4951 GULFSHORE BLVD. N , PH 301  
 NAPLES, FL 34103

**DO NOT WRITE IN THIS SPACE**

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 Walter T. Krumm (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUMM, WALTER T 4951 GULFSHORE BLVD N, PH301 NAPLES, FL 34103
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 04/02/07-80012-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Walter T. Krumm  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_