



**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90050 015 \*\*\*\*50.00  
04-24-2007 90017 027 \*\*\*100.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P99000049634</b>  |  |    |
| 1. Entity Name<br><b>SOUTHTRAIL PROPERTIES INC.</b>   |  |   |
| Principal Place of Business<br><b>7980 SUMMERLIN LAKES DR<br/>SUITE 201<br/>FORT MYERS, FL 33907</b>  |  | Mailing Address<br><b>7980 SUMMERLIN LAKES DR<br/>SUITE 201<br/>FORT MYERS, FL 33907</b>  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |   |
| 6. Name and Address of Current Registered Agent<br><b>MCMENAMY, JAMES B<br/>7980 SUMMERLIN LAKES DR<br/>SUITE 201<br/>FORT MYERS, FL 33907</b>  |  | <b>40079398</b><br><br>02052007 No Chg-P CR2E034 (11/05)<br>4. FEI Number<br><b>65-0923718</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>Applied For<br><input type="checkbox"/> Not Applicable |
| 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.<br>SIGNATURE: _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  | <b>DO NOT WRITE IN THIS SPACE</b>   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |
| 10. OFFICERS AND DIRECTORS  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>MCMENAMY, JAMES B<br>8311 ARBORFIELD COURT<br>FORT MYERS, FL 33912 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>WIDESTROM, HANS<br>5080 CONDON'S ST<br>PRIOR LAKE, MN 55372        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD<br>RUITER, PHILIP B<br>454 BASSETA<br>NEWAYGO, MI 49337              |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>DO NOT WRITE IN THIS SPACE</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |
| 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.<br><b>SIGNATURE:</b> <u>James B. McMenamy</u> <u>2-5-7</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> |  |   |