

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 19, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # P99000049634**

1. Entity Name

**SOUTHTRAIL PROPERTIES INC.**



Principal Place of Business

**7980 SUMMERLIN LAKES DR  
SUITE 201  
FORT MYERS, FL 33907**

Mailing Address

**7980 SUMMERLIN LAKES DR  
SUITE 201  
FORT MYERS, FL 33907**



01252008

No Chg-P

CR2E034 (11/05)

4. FEI Number

**65-0923718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MCMENAMY, JAMES B.  
7980 SUMMERLIN LAKES DR  
SUITE 201  
FORT MYERS, FL 33907**

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000832842

02/27/08 80074-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
MCMENAMY, JAMES B  
8311 ARBORFIELD COURT  
FORT MYERS, FL 33912**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
WIDESTROM, HANS  
5080 CONDON'S ST  
PRIOR LAKE, MN 55372**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
RUITER, PHILIP B  
454 BASSETA  
NEWAYGO, MI 49337**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-13-08**

**239-267-2489**