

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000069908

Entity Name: SOUTH OCEAN FIVE, INC.

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12728 LAKE RIDGE CIRCLE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

12728 LAKE RIDGE CIRCLE  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 59-3591231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCLAFANI, VINCENT  
12728 LAKE RIDGE CIRCLE  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPS  
Name: SCLAFANI, KATHLEEN  
Address: 12728 LAKE RIDGE CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: P  
Name: SCLAFANI, VINCENT  
Address: 12728 LAKE RIDGE CIRCLE  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN SCLAFANI

VPS

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date