

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088609

FILED  
Apr 24, 2005  
Secretary of State

**Entity Name:** SOUTHERN OCCUPATIONAL THERAPY PRODUCTS, INC.

**Current Principal Place of Business:**

2104 NW 22ND AVE., SUITE 9112  
STUART, FL 34994

**New Principal Place of Business:**

103 FLORIDA AVENUE  
STUART, FL 34994

**Current Mailing Address:**

2104 NW 22ND AVE., SUITE 9112  
STUART, FL 34994

**New Mailing Address:**

103 FLORIDA AVENUE  
STUART, FL 34994

**FEI Number:** 65-0958678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOYD, J. CURTIS  
117 S. 2ND ST., SUITE 208  
FT. PIERCE, FL 34950 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FAHERTY, CARON  
Address: 2104 NW 22 AVE  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FAHERTY, CARON  
Address: 103 FLORIDA AVENUE  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CARON FAHERTY

P

04/24/2005

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

\_\_\_\_\_  
Date