

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098799

FILED
Feb 16, 2005
Secretary of State

Entity Name: SOUTHERN CORPORATION OF NAPLES

Current Principal Place of Business:

25090 BERNWOOD DRIVE N
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

25090 BERNWOOD DR N
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3608856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP INC.
3001 TAMiami TRAIL N.
4TH FLOOR
NAPLES, FL 34103 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: DPST () Delete
Name: ATKINS, JAMES E
Address: 25090 BERNWOOD DRIVE N
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DV () Delete
Name: ATKINS, ROBIN L
Address: 25090 BERNWOOD DRIVE N
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: GRAVISS, DANIEL B
Address: 25090 BERNWOOD DRIVE N
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBIN ATKINS

DV

02/16/2005

Electronic Signature of Signing Officer or Director

Date