


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # S10518 1. Entity Name SOUTH TERRA CORPORATION |  |
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|--|--|
| Principal Place of Business PO BOX 109 MARCO ISLAND, FL 33969-0109 | Mailing Address PO BOX 109 MARCO ISLAND, FL 33969-0109 |
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04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0280041 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CHILOS, DANAL G
983 N COLLIER BLVD
MARCO ISLAND, FL 34145**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

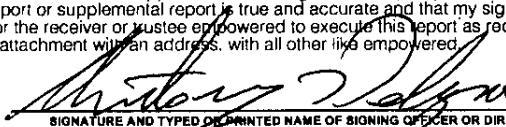
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UD00000928670
05/21/08-80038-021 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DELAPA, ANTHONY, F 193 BAY COLONY DRIVE WESTWOOD, MA 02090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DELAPA, JOANNE, C 193 BAY COLONY DRIVE WESTWOOD, MA 02090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DELAPA, JOSEPH A 25 ROCKLAND ST #11 WESTWOOD, MA 02090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SITEMAN, JANINE 19 DELAPA CIRCLE SOUTH WALPOLE, MA 02071 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **4-22-08** **781-769-3284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #