

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # S32006

1. Entity Name
SOUTHERN ACREAGE, INC.



Principal Place of Business
**4401 LAKESIDE DR.
STE 104
JACKSONVILLE, FL 32210 US**

Mailing Address
**4401 LAKESIDE DR.
STE 104
JACKSONVILLE, FL 32210 US**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3069547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NESBITT, THOMAS, JR.
4401 LAKESIDE DR
#104
JACKSONVILLE, FL 32210**

**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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NESBITT, THOMAS, JR.
STREET ADDRESS	4401 HERSCHEL ST #104
CITY - ST - ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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000000004696
01/15/04-80023-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # _____

Thomas Nesbitt, Jr