


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 08:00 AM  
Secretary of State

<b>DOCUMENT # S51350</b> 1. Entity Name SOUTHPOINT HOMES, INC.	
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Principal Place of Business 131 PARK LAKE STREET ORLANDO, FL 32803	Mailing Address 131 PARK LAKE STREET ORLANDO, FL 32803
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<b>DO NOT WRITE IN THIS SPACE</b>
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01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3078801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CAHILL, STEPHEN 131 PARK LAKE STREET ORLANDO, FL 32803
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000781014 01/15/08-80017-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CAHILL, STEPHEN C 2867 LAKE SHORE DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, WYATT K 1525 HEMPEL AVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/7/2008 Date	407-422-8828 Daytime Phone #
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