

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

|                                                                                        |                                                                                   |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # G23499</b><br>1. Entity Name<br><b>SOUTHERN INDUSTRIAL SERVICE, INC.</b> |  |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                               |                                                                                |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br><b>5453 W. WATERS AVE<br/>SUITE 100<br/>TAMPA, FL 33634 US</b> | Mailing Address<br><b>5453 W. WATERS AVE<br/>SUITE 100<br/>TAMPA, FL 33634</b> |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-2259378</b>                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>GELLER, JACK J<br/>2560 GULF TO BAY BLVD<br/>CLEARWATER, FL 34625</b> |
|---------------------------------------------------------------------------------------------------------------------------------|

**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 resigning) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTS<br>MOYA, THOMAS<br>19207 EASTBROOK DR.<br>ODESSA, FL 33556 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                |

UN00000118372  
04/19/04-80057-006 150.00

**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)(i), 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:** Thomas Moya Thomas Moya 4/12/04 813 926-8411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #