

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 11, 2008
Secretary of State**

DOCUMENT# P04000028010

Entity Name: SOUTHERN COMFORT CABINS, INC.

Current Principal Place of Business:

3650 DUNDEE ROAD
STE B
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

PO BOX 613
LAKE HAMILTON, FL 33851

New Mailing Address:

FEI Number: 20-0726054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIS, KAREN E
3650 DUNDEE ROAD
STE B
WINTER HAVEN, FL 33884 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATHIS, KAREN E
Address: 224 S OMAHA STREET
City-St-Zip: LAKE HAMILTON, FL 33851

Title: VP () Delete
Name: HIPPENSTEEL, TRACEY
Address: 1500 WATKINS ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: S () Delete
Name: MATHIS, KAREN E
Address: 224 S OMAHA STREET
City-St-Zip: LAKE HAMILTON, FL 33851

Title: T () Delete
Name: HIPPENSTEEL, TRACEY
Address: 1500 WATKINS ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MATHIS, KAREN
Address: 224 S OMAHA STREET
City-St-Zip: LAKE HAMILTON, FL 33851

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

Title: T (X) Change () Addition
Name: MATHIS, KAREN
Address: 224 S OMAHA STREET
City-St-Zip: LAKE HAMILTON, FL 33851

Title: D () Change (X) Addition
Name: MATHIS, JOHNNY L
Address: 224 S OMAHA STREET
City-St-Zip: LAKE HAMILTON, FL 33851

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KAREN E MATHIS

P

06/11/2008

Electronic Signature of Signing Officer or Director

_____ Date