2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Secretary of State **DOCUMENT # P05000030621** 03-28-2008 90042 002 ***150.00 SOUTHARD AND SONS INCORPORATED Principal Place of Business Mailing Address 1433 DONA BAY **425 RUBENS DR** 50002199 NOKOMIS, FL 34275 NOKOMIS, FL 34275 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOUTHARD, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 511 PÍNEWOOD AVENUE NOKOMIS, FL 34275 Zip Code 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 \Box After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition SOUTHARD, WILLIAM C NAME NAME **425 RUBENS DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CITY-ST-ZIP SEC TITLE ☐ Delete TITLE ☐ Change ☐ Addition ELAM, CLAUDETTE NAME MAME **425 RUBENS DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CITY-ST-ZIP TRES TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ELAM, CLAUDETTE STREET ADDRESS **425 RUBENS DR** STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition SOUTHARD, WILLIAM C NAME NAME STREET ADDRESS 425 RUBENS DR STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CITY-ST-ZIP TITE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE ☐ Channe NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

William C. Southard 3-25-2008 941-809-3291

FILED

Mar 28, 2008 8:00 am