

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008558

FILED
Jan 13, 2009
Secretary of State

Entity Name: SOUTHERNMOST HOUSE, INC.

Current Principal Place of Business:

209 DUVAL STREET
KEY WEST, FL 33040

New Principal Place of Business:

209 DUVAL STREET
2ND FLOOR
KEY WEST, FL 33040

Current Mailing Address:

209 DUVAL STREET
KEY WEST, FL 33040

New Mailing Address:

209 DUVAL STREET
2ND FLOOR
KEY WEST, FL 33040

FEI Number: 65-0810025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALPERN, MICHAEL
209 DUVAL STREET
KEY WEST, FL 33040 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: HALPERN, MICHAEL
Address: 209 DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

Title: DV () Delete
Name: RAMOS, MATILDE G
Address: 1401 DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL HALPERN

DPST

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date