


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90033 001 ***150.00

DOCUMENT # P04000010073 1. Entity Name SOUTHERN STATES PAINTING, INC.					
Principal Place of Business 1502 SW 50TH ST APT. 304 CAPE CORAL, FL 33914-3459			Mailing Address 1502 SW 50TH ST APT. 304 CAPE CORAL, FL 33914-3459		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3784060			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 33411-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JENKINS, CYNTHIA 34 CHARLES HOLLOW RD 11 BAYVIEW DR. E-SETAUKET, NY 11799 HAMPTON BAYS, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11 BAYVIEW DR HAMPTON BAYS, NY 11946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JENKINS, PHILIP 34 CHARLES HOLLOW RD 11 BAYVIEW DR E-SETAUKET, NY 11799 HAMPTON BAYS, NY 11946		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 BAYVIEW DR HAMPTON BAYS, NY 11946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Cynthia Jenkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3-10-08</u> <u>631-275-0276</u> <small>Date Daytime Phone #</small>		



03062008 Chg-P CR2E034 (12/06)

ATTACHMENT 40045500
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Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number P04000010073

Business Entity Name SOUTHERN STATES PAINTING, INC.

Original File Date 01/14/2004

FEI Number 59-3784060

Principal Address 1502 SW 50TH ST
APT. 304
CAPE CORAL, FL 339143459

Mailing Address 1502 SW 50TH ST
APT. 304
CAPE CORAL, FL 339143459

Registered Agent A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Officer/Director Name And Address

DP
CYNTHIA JENKINS
~~34 CHARLES HOLLOW RD~~
~~E SETAUKET, NY 11733~~

11 BAYVIEW DR
HAMPTON BAYS, NY 11946

DV
PHILIP JENKINS
~~34 CHARLES HOLLOW RD~~
~~E SETAUKET, NY 11733~~

11 BAYVIEW DR.
HAMPTON BAYS, NY 11946

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes