


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 146970 1. Entity Name SOUTHERN MACHINERY CORPORATION	
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Principal Place of Business 2855 BROOKS ST. PO DRAWER 776 EATON PK, FL 33840	Mailing Address 2855 BROOKS ST. PO DRAWER 776 EATON PK, FL 33840
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03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0550059	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OGLESBY, HUGH J. #9 LOMA LINDA LAKELAND FL, FL 33813
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**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000001465818
03/22/06 80051-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OGLESBY, H R #9 LOMA VERDE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD OGLESBY, H J #9 LOMA VERDE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHIVER, MICHAEL R 4216 HOMEWOOD LANE LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROOKS, DIANE H 508 POOL BRANCH RD FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Diane H Brooks **DIANE H. Brooks** 3/9/06 863-665-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #