

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 159280

1. Entity Name
SOUTH STATE BROKERAGE CO.



Principal Place of Business

**365 LAKE SHORE WAY, P.O. BOX 1406
LAKE ALFRED, FL 33850**

Mailing Address

**365 LAKE SHORE WAY, P.O. BOX 1406
LAKE ALFRED, FL 33850**



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0618354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAY JR, JAMES W
365 LAKE SHORE WAY
LAKE ALFRED, FL 33850**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

U000000915599
05/09/08-80022-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAY JR, JAMES W
STREET ADDRESS 365 LAKE SHORE WAY
CITY-ST-ZIP LAKE ALFRED, FL

TITLE ST
NAME GRAY, JOHN H
STREET ADDRESS 365 LAKE SHORE WAY
CITY-ST-ZIP LAKE ALFRED, FL

TITLE D
NAME GRAY, JOHN H.
STREET ADDRESS 365 LAKE SHORE WAY
CITY-ST-ZIP LAKE ALFRED, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John H. Gray - Sec-Treas *John H. Gray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08
Date

863-324-3231
Daytime Phone #