

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90112 029 \*\*\*150.00  
181966

<b>DOCUMENT # 181966</b>	
1. Entity Name <b>SOUTHERN SUPPLY AND MANUFACTURING CO INC</b>	



Principal Place of Business <b>1501 22ND STREET N. P.O. BOX 10066 ST PETERSBURG FLA, 33713</b>	Mailing Address <b>POST OFFICE BOX 10066 ST. PETERSBURG, FL 33733 US</b>
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RECEIVED AUG 08 2005

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06282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0725291</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>O'BRIEN, R. B., JR. 2720 DRIFTWOOD RD SO ST PETERSBURG, FL 33705</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD O'BRIEN, HELEN G 2700 DRIFTWOOD RD SO ST PETERSBURG, FL 00000.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'BRIEN, R.B., JR. 2720 DRIFTWOOD RD. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BERNER, CANDACE 2720 DRIFTWOOD RD S SAINT PETERSBURG, FL 33705
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 exemption stated in Section 119.07(3)(i), 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: *R.B. O'Brien*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/05

722 327 0757  
Daytime Phone #