

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 181966

1. Entity Name
SOUTHERN SUPPLY AND MANUFACTURING CO INC



Principal Place of Business
1501 22ND STREET N.
P.O. BOX 10066
ST PETERSBURG FLA, 33713

Mailing Address
POST OFFICE BOX 10066
ST. PETERSBURG, FL 33733 US



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0725291

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'BRIEN, R. B., JR.
2720 DRIFTWOOD RD SO
ST PETERSBURG, FL 33705

**DO NOT WRITE
IN THIS SPACE**

6. 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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	O'BRIEN, HELEN G
STREET ADDRESS	2700 DRIFTWOOD RD SO
CITY-ST-ZIP	ST PETERSBURG, FL 00000.
TITLE	PD
NAME	O'BRIEN, R. B JR
STREET ADDRESS	2720 DRIFTWOOD RD.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	ST
NAME	BERNER, CANDACE
STREET ADDRESS	2720 DRIFTWOOD RD S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000547012
05/12/06 80004-022 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.06 727.327.0757
Date Daytime Phone