

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 202869

1. Entity Name
SOUTHERN SPRING & STAMPING INC



Principal Place of Business
401 SUB STATION ROAD
VENICE, FL 34292

Mailing Address
401 SUB STATION ROAD
VENICE, FL 34292

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-0816257

Applied For
Not Applicable

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



FILED
06 MAY 25 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

DEATERLY, DEE A.
401 SUB STATION ROAD
VENICE, FL 34292

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

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 PD ☐ Delete
NAME DEATERLY, DEE
STREET ADDRESS 401 SUB STATION ROAD
CITY-ST-ZIP VENICE, FL

TITLE V ☐ Delete
NAME SCHUEMANN, CHARLES
STREET ADDRESS GLENEAGLES DRIVE
CITY-ST-ZIP VENICE, FL

TITLE S ☐ Delete
NAME WEED, LLOYD
STREET ADDRESS 401 SUB STATION RD.
CITY-ST-ZIP VENICE FL,

TITLE T ☐ Delete
NAME DEATERLY, DEE A
STREET ADDRESS 401 SUB STATION ROAD
CITY-ST-ZIP VENICE, FL

TITLE V ☐ Delete
NAME DEATERLY, JEFF
STREET ADDRESS 401 SUB STATION ROAD
CITY-ST-ZIP VENICE, FL

TITLE V ☐ Delete
NAME DEATERLY, LINDA
STREET ADDRESS 401 SUB STATION ROAD
CITY-ST-ZIP VENICE, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600075898356
STREET ADDRESS 06/07/06--01006--001 **611.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME B 6/2/06
STREET ADDRESS
CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/2006
Date

941-488-2276
Daytime Phone #