

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0816257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 2007 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
NAME DEATERLY, DEE
STREET ADDRESS 401 SUB STATION ROAD
CITY-ST-ZIP VENICE, FL 34285

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

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

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

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

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

U00C00705033
04/23/07-80035-007 150.00

**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

4/14/2007

Date

941-408-2276

Daytime Phone #