

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 202869

1. Entity Name  
SOUTHERN SPRING & STAMPING INC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 11 AM 10:13

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

Mailing Address  
401 SUB STATION ROAD  
VENICE, FL 34292



01042008 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, 2008 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

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04/14/08--01010--027 \*\*727.50

**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

3/24/08

Date

741-418-2276

Daytime Phone #