

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 245017

FILED
Feb 01, 2007
Secretary of State

Entity Name: SOUTHERN WINDING SERVICE INC

Current Principal Place of Business:

% FRANCIS O JOBE
5302 ST. PAUL ST.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

% FRANCIS O JOBE
5302 ST. PAUL ST.
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-0918146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETOURNEAU, LEO M
5302 ST. PAUL ST.
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: JOBE, FRANCIS,
Address: 8807 RIVERLACHEN WAY
City-St-Zip: RIVERVIEW, FL 33569

Title: VD () Delete
Name: JOBE, E.D.,
Address: 8807 RIVERLACHEN WAY
City-St-Zip: RIVERVIEW, FL 33569

Title: PD () Delete
Name: LETOURNEAU, LEO M.,
Address: 11503 ROBLES DEL RIO PLACE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: JOBE, FRANCIS,
Address: 15298 NE 216TH COURT
City-St-Zip: FT. MCCOY, FL 32134

Title: VD (X) Change () Addition
Name: JOBE, E.D.,
Address: 15298 NE 216TH CT
City-St-Zip: FT. MCCOY, FL 32134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEO M LETOURNEAU

PD

02/01/2007

Electronic Signature of Signing Officer or Director

Date