2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 245017

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 (X)**

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

I hereby certify that the information supplied with this filing does not qualify 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 02/26/2009

Electronic Signature of Signing Officer or Director — Date