

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90322 047 ***150.00

DOCUMENT # 447446

1. Entity Name
SOUTHLAND FORMING, INC.



Principal Place of Business
8470 BELVEDERE RD
WEST PALM BEACH, FL 33411

Mailing Address
8470 BELVEDERE RD
WEST PALM BEACH, FL 33411

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



04292004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1525581

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATTERSON (GEORGE A)
663 SE 10TH ST.
DEERFIELD BEACH, FL 33441

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WHITESIDE, DARRELL
STREET ADDRESS 5173 WOODLAND DRIVE
CITY-ST-ZIP DELRAY BEACH, FL

TITLE ST ☐ Delete
NAME WHITESIDE ANDREW
STREET ADDRESS 3281 PERIMETER DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE EVAS ☐ Delete
NAME WHITESIDE MARY K.
STREET ADDRESS 847 DIXIE AVE.
CITY-ST-ZIP MADISON, GA 30650

TITLE VPAS ☐ Delete
NAME WHITESIDE, STACY K
STREET ADDRESS 1130 COMMERCE ST
CITY-ST-ZIP MADISON, GA 30650

TITLE VPT ☐ Delete
NAME WHITESIDE, DUSTIN T
STREET ADDRESS 847 DIXIE AVE
CITY-ST-ZIP MADISON, GA 30650

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition
NAME Boyles, Judy
STREET ADDRESS 102 Princess Court
CITY-ST-ZIP Royal Palm Beach, FL 33411

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Samuel Whitsett Pao.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #