

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2005 08:00 AM
Secretary of State**

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**



DO NOT WRITE IN THIS SPACE

04202005 No 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**

**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, 2005 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
NAME	WHITESIDE, DARRELL
STREET ADDRESS	5173 WOODLAND DRIVE
CITY- ST- ZIP	DELRAY BEACH, FL
TITLE	ST
NAME	WHITESIDE ANDREW
STREET ADDRESS	3281 PERIMETER DRIVE
CITY- ST- ZIP	LAKE WORTH, FL 33461
TITLE	EVAS
NAME	WHITESIDE MARY K.
STREET ADDRESS	847 DIXIE AVE.
CITY- ST- ZIP	MADISON, GA 30650
TITLE	VPAS
NAME	WHITESIDE, STACY K
STREET ADDRESS	1130 COMMERCE ST
CITY- ST- ZIP	MADISON, GA 30650
TITLE	VPT
NAME	WHITESIDE, DUSTIN T
STREET ADDRESS	847 DIXIE AVE
CITY- ST- ZIP	MADISON, GA 30650
TITLE	S
NAME	BOYLES, JUDY
STREET ADDRESS	102 PRINCESS COURT
CITY- ST- ZIP	ROYAL PALM BEACH, FL 33411

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04/25/05-80027-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Judy Boyles, Secty.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05
Date

561-753-8210
Daytime Phone #