2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 447446

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MADISON, GA 30650

102 PRINCESS COURT

BOYLES, JUDY

() Delete

ROYAL PALM BEACH, FL 33411

Entity Name: SOUTHLAND FORMING, INC.

FILED Oct 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8470 BELVEDERE RD WEST PALM BEACH, FL 33411 **Current Mailing Address: New Mailing Address:** 8470 BELVEDERE RD WEST PALM BEACH, FL 33411 FEI Number: 59-1525581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATTERSON (GEORGE A) HARMON (BLAKE M.) 663 SE 10TH ST. 4701 N. FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441 US SUITE 480, BOX A-6 POMPANÓ BEACH, FL 33064 US 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: BLAKE M. HARMON 10/04/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WHITESIDE, DARRELL. Name: Name: 5173 WOODLAND DRIVE Address: Address: City-St-Zip: DELRAY BEACH, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: WHITESIDE ANDREW. Name: 3281 PERIMETER DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: () Delete Title: Title: **FVAS** () Change () Addition WHITESIDE MARY K., Name: Name: 847 DIXIE AVE Address: Address: City-St-Zip: MADISON, GA 30650 City-St-Zip: Title: **VPAS** () Delete Title: () Change () Addition WHITESIDE, STACY K Name: Name: Address: 1130 COMMERCE ST Address: City-St-Zip: MADISON, GA 30650 City-St-Zip: Title: Title: () Delete () Change () Addition WHITESIDE, DUSTIN T Name: Name: 847 DIXIE AVE Address: Address:

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.

City-St-Zip:

() Change () Addition

Date

Title:

Name:

Address: City-St-Zip:

SIGNATURE: DARRELL WHITESIDE PRES 10/04/2006