


**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90022 038 \*\*\*150.00

<b>DOCUMENT # 447446</b> 1. Entity Name <b>SOUTHLAND FORMING, INC.</b>				<b>Secretary of State</b> 02-07-2008 90022 038 ***150.00	
Principal Place of Business <b>8470 BELVEDERE RD WEST PALM BEACH, FL 33411</b>		Mailing Address <b>8470 BELVEDERE RD WEST PALM BEACH, FL 33411</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1525581</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HARMON (BLAKE M.) 4701 N. FEDERAL HIGHWAY SUITE 480, BOX A-6 POMPAN0 BEACH, FL 33064</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITESIDE, DARRELL 5173 WOODLAND DRIVE DELRAY BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITESIDE ANDREW 3281 PERIMETER DRIVE LAKE WORTH, FL 33461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVAS WHITESIDE MARY K. 847 DIXIE AVE. MADISON, GA 30650	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS WHITESIDE, STACY K 1130 COMMERCE ST MADISON, GA 30650	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WHITESIDE, DUSTIN T 847 DIXIE AVE MADISON, GA 30650	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYLES, JUDY 102 PRINCESS COURT ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Clarence L. Whiteside, Jr. 3281 Perimeter Drive Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS Whiteside, Stacy K. 700 West Pine Street Wytheville, VA 24382	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Whiteside, Dustin T 700 West Pine Street Wytheville, VA 24382	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Judy Boyles, Corp. Secy.</i> 2/5/08 561-753 8210					