2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 447446

Entity Name: SOUTHLAND FORMING, INC.

Current Principal Place of Business:

8470 BELVEDERE RD
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

8470 BELVEDERE RD
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 59-1525581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARMON (BLAKE M.)
4701 N. FEDERAL HIGHWAY
SUITE 480, BOX A-6
POMPANO BEACH, FL 33064 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:	P	( ) Delete
Name:	WHITESIDE, DARRELL	
Address:	5173 WOODLAND DRIVE	
City-St-Zip:	DELRAY BEACH, FL	
Title:	ST	( ) Delete
Name:	WHITESIDE ANDREW	
Address:	3281 PERIMETER DRIVE	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	EVAS	( ) Delete
Name:	WHITESIDE MARY K.	
Address:	847 DIXIE AVE.	
City-St-Zip:	MADISON, GA 30650	
Title:	VPAS	( ) Delete
Name:	WHITESIDE, STACY K	
Address:	700 W PINE ST	
City-St-Zip:	WYTHEVILLE, VA 24382	
Title:	VPT	( ) Delete
Name:	WHITESIDE, DUSTIN T	
Address:	700 W PINE ST	
City-St-Zip:	WYTHEVILLE, VA 24382	
Title:	S	( ) Delete
Name:	BOYLES, JUDY	
Address:	102 PRINCESS COURT	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	

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:	
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: JUDY BOYLES S 04/30/2009

Electronic Signature of Signing Officer or Director — Date