## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 24, 2008 08:00 A Secretary of State

DOCUMENT # 672840  1. Entily Name SOUTHERN PIPELINE, INC.				Secretary of S		
10594 TAMIS TRAIL 1059	g Address 94 TAMIS TRAIL WORTH, FL 33467 US					
DO NOT WOLTE IN	TIUO 004	\			2E034 (11/05)	
DO NOT WRITE IN THIS SPAC		ĴΕ	4. FEI Number 59-2016023		Applied For Not Applicable	
			5. Certificate of Status	Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registere	d Agent		<u> </u>	-		
FOX, DOUGLAS M. 10594 TAMIS TRAIL LAKE WORTH, FL 33467		DO NOT WRITE IN THIS SPACE				
The above named entity submits this statement for the purpositive obligations of registered agent.	ose of changing its registere	d office or register	red agent, or both, in the S	State of Florida. I	am familiar with, and accept	
SIGNATURE	Kooplo (AIDTS Demolored	Apani a popli de vagi iran	( uhen reinstation)	DA.	16	
Signature, typed or printed name of registered agent and title if appl	iicacie (NOTE: Registered	Ageni signature required	z wisku i skustatniči)	-	ie	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>		.00 May Be led to Fees			

10. OFFICERS AND DIRECTORS

FOX, DOUGLAS M. 10594 TAMIS TRAIL

LAKE WORTH, FL 33467

000000794751 01/28/08-80020-012 150.00

## DO NOT WRITE IN THIS SPACE

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:

NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1690gc

Daylime Phone #