2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT# F01000001913

1. EntityName
SOUTHERNADVENTSYSTEMS,INC.

PrincipalPlaceofBusiness
435 W FULLERTON AVE
ELMHURST, IL 60126

MailingAddress
435 W FULLERTON AVE
ELMHURST, IL 60126

02112005 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
36-3941467
Applied For
Not Applicable

5. CertificateofStatusDesired ☒ **$8.75** Additional Fee Required

6. NameandAddressofCurrentRegisteredAgent

CTCORPORATIONSYSTEM
1200SOUTHPINEISLANDROAD
PLANTATION,FL33324

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre Instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PCD
NAME	WALSDORF,MICHAELR
STREETADDRESS	435WFULLERTONAVE
CITY-ST-ZIP	ELMHURST,IL60126
TITLE	V
NAME	LOTHROP,JOHNW
STREETADDRESS	435WFULLERTONAVE
CITY-ST-ZIP	ELMHURST,IL60126
TITLE	S
NAME	SEBEN,PAULM
STREETADDRESS	435WFULLERTONAVE
CITY-ST-ZIP	ELMHURST,IL60126
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000245447
02/25/05-00041-003 156.75

DO NOT WRITE IN THIS SPACE

12. Ihereby 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: _____ 2/22/05 630-279-7171
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#