

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005370

FILED
Feb 04, 2009
Secretary of State

Entity Name: SOUTHERN FLOOR SERVICES, INC.

Current Principal Place of Business:

1922 OLD COVINGTON HWY
CONYERS, GA 30012

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 82757
CONYERS, GA 30013

New Mailing Address:

FEI Number: 58-2645475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRIDER, THOMAS
131 HARROGATE COURT
LONGWOOD, FL 32779 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: CLARKE, MICHAEL S
Address: P.O. BOX 82757
City-St-Zip: CONYERS, GA 30013

Title: VP () Delete
Name: KRIDER, THOMAS
Address: 131 HARROGATE COURT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLARKE, MICHAEL S
Address: 1922 OLD COVINGTON HWY. SW
City-St-Zip: CONYERS, GA 30012

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: MICHAEL S. CLARKE

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date