2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F06000002062

Entity Name

SOUTHERN TRENDS MARKETING & INVESTMENT CORP.



FILED
Jan 25, 2007 08:00 AM
Secretary of State

Principal Place of Business

4658 HIGHLANDS PLACE DRIVE LAKELAND, FL 33813

Mailing Address

4658 HIGHLANDS PLACE DRIVE LAKELAND, FL 33813



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 14-1950964 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC. 773 4TH AVENUE, SUITE E NAPLES, FL 34102

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	registered agent, or bo	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTF: Registere	Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HAVER, DONALD S 4658 HIGHLANDS PLACE DRIVE LAKELAND, FL 33813			U00000602746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARRAGE, DAVID 406 E 20TH ST COSTA MESA, CA 92627				01/26/07-80103-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME Street Address City-St-Zip				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-07

863-648-4058

Daytime Phone