2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F60940

1. Entity Name
SOUTHERN R & M, INC.

Principal Place of Business	Mailing Address
725 STEVENS AVE. OLDSMAR, FL 34677 US	725 STEVENS AVE. OLDSMAR, FL 34677 US

DO NOT WRITE IN THIS SPACE

03312005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2258820	Not Applicable

5. Certificate of Status Desired   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YANTISS, MURIEL G.
1551 RIVERDALE DR
OLDSMAR, FL 34677

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8. 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 I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

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

9. Election Campaign Financing ☐ **$5.00** May Be
Trust Fund Contribution   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	YANTISS, SUDA L.
STREET ADDRESS	402 ARLINGTON AVE E
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	P
NAME	BUCKLEW, JANETTE
STREET ADDRESS	1727 SPLIT FORK DR
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	ST
NAME	YANTISS, MURIEL G.
STREET ADDRESS	1551 RIVERDALE DR
CITY-ST ZIP	OLDSMAR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby 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: _____   4-6-05   813-84-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #