

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90116 008 ***150.00

DOCUMENT # G68193

1. Entity Name

SOUTHERN MAINTENANCE SYSTEMS, INCORPORATED



Principal Place of Business

2314 N.E. 29TH TERR
OCALA FL 34470
US

Mailing Address

P O BOX 633
OCALA FL 34478-0633



2. Principal Place of Business

2314 NE 29th Terr

3. Mailing Address

P.O BOX 633

1st MOORE

CR2E034 (10/04)

City & State

Ocala, Fl

City & State

Ocala, Fl

4. FEI Number

59-2250475

Applied For

Not Applicable

Zip 34470

Country USA

Zip 34478-0633

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILLS, JAMES T
11713 NE HWY 315
FT MCCOY FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VDP
NAME HILL, JAMES THOMAS
STREET ADDRESS 5190 SE 8TH ST.
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE S
NAME HILL, JAMES THOMAS
STREET ADDRESS 5190 SE 8TH ST.
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VDP
NAME James Thomas Hill ☒ Change ☐ Addition
STREET ADDRESS 11713 NE Hwy 315
CITY-ST-ZIP Ft. McCoy, FL 32134

TITLE S
NAME James Thomas Hill ☒ Change ☐ Addition
STREET ADDRESS 11713 NE Hwy 315
CITY-ST-ZIP Ft. McCoy, FL 32134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: James Thomas Hill *James Thomas Hill* 3/28/05 352-622-7978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #