


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # H60257	
1. Entity Name SOUTHERN TECHNOLOGY & DEVELOPMENT CORPORATION	

Principal Place of Business 1439 SHELL POINT RD CRAWFORDVILLE, FL 32327 US	Mailing Address 1439 SHELL POINT RD CRAWFORDVILLE, FL 32327 US
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02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2561101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GAUPIN, WILLIAM T
1439 SHELL POINT RD
CRAWFORDVILLE, FL 32327

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	WADSWORTH, JAMES B. JR.
STREET ADDRESS	1040 E. PARK AVE.
CITY-ST-ZIP	TALLAHASSEE, FL 323012677
TITLE	PD
NAME	GAUPIN, THELMA G
STREET ADDRESS	224 HARBOUR POINTE DR
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	GAUPIN, WILLIAM T.
STREET ADDRESS	224 HARBOUR POINTE DR
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/06-80066-019 150.00

12. I hereby certify that the information supplied with this filing 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: James B. Wadsworth Jr **2-3-06** **850-224-3129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #