


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # H60257</b>		
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	



01142008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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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01/16/08-80068-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: 

J. B. Wadsworth, Jr.

1-14-08

(850) 224-3129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #