

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # J26731 1. Entity Name SOUTHERN INVESTMENTS, INC.					
Principal Place of Business C/O WILLIAM E WRIGHT 13500 CHELMSFORD ST WELLINGTON FL 33414 US			Mailing Address C/O WILLIAM E WRIGHT 13500 CHELMSFORD ST WELLINGTON FL 33414 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2702920	
5. Name and Address of Current Registered Agent WRIGHT, WILLIAM E. 13500 CHELMSFORD ST SUITE C WELLINGTON FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
6. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May C Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WRIGHT, WILLIAM E. 13500 CHELMSFORD ST WELLINGTON FL 33414	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, WILLIAM E. 13500 CHELMSFORD ST WELLINGTON FL 33414	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, RICHARD CRAIG 13150 DOUBLE TREE CIR. WEST PALM BEACH FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06 561-793-4461
Date Daytime Phone #