


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K08022		
1. Entity Name SOUTHLAND ADVERTISING SPECIALTIES CORPORATION		
Principal Place of Business 6604 HARNEY RD. #G TAMPA, FL 33610	Mailing Address 6604 HARNEY RD. #G TAMPA, FL 33610	



07242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2861464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CABINA, LAWRENCE 6604 HARNEY RD. SUITE G TAMPA, FL 33610		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)

U000000572384
07/27/06 00004 003 158.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CABINA, LAWRENCE S. 6604 HARNEY RD. #G TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CABINA, RUDY 6604 HARNEY RD. #G TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CABINA, HOLLY H 6604 HARNEY RD. #G TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Holly H. Cabina HOLLY H. CABINA 7/24/06 813-620-3990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #