

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K08022

FILED  
Jan 11, 2010  
Secretary of State

**Entity Name:** SOUTHLAND ADVERTISING SPECIALTIES CORPORATION

**Current Principal Place of Business:**

6604 HARNEY RD.  
#G  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

6604 HARNEY RD.  
#G  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 59-2861464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABINA, LAWRENCE  
6604 HARNEY RD.  
SUITE G  
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** CABINA, LAWRENCE S.  
**Address:** 6604 HARNEY RD. #G  
**City-St-Zip:** TAMPA, FL 33610

**Title:** DTS  
**Name:** CABINA, RUDY  
**Address:** 6604 HARNEY RD. #G  
**City-St-Zip:** TAMPA, FL 33610

**Title:** VP  
**Name:** CABINA, HOLLY H  
**Address:** 6604 HARNEY RD. #G  
**City-St-Zip:** TAMPA, FL 33610

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LAWRENCE CABINA,

DP

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date