2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # K40699 1. Entity Name SOUTHERN SOIL SERVICES, INC. Principal Place of Business Mailing Address 3640 THOMPSON RD. LAKE MARY FL 32748 3640 THOMPSON RD. LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Act. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2912994 Not Applicat Zip Country Country Zip **88.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEENE, BURTON ALAN 3640 THOMPSON RD. Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 City Zip Code 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 according the obligations of repistered agent SIGNATURE (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May : Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PTD ☐ Delete THEE ☐ Change ☐ Add™ NAME KEENE, BURTON ALAN NAME STREET ACCRESS U00000491525 3640 THOMPSON RD STREET ADDRESS CITY-ST-27F LAKE MARY FL CITY-ST-ZIP 04/19/06-80026-004 158.75 TITLE Defete TITLE ☐ Change ☐ ##\*\* NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE THE Colute Change Trans NAME STREET ADDRESS STRULT ADDRESS CHTY-ST-ZIP C177 - 57 - 710 TITLE Delete ☐ Change THE Address NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-709 CITY-ST-ZIP Delete TITLE THUE Change ☐ A..."· NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip TITLE ☐ Delete 3:3LE ☐ Change Animin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fitting 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 direction of the corporation or the receiver or trustee empowered to receive this eport 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

SIGNATURE

**FILED**