

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90092 001 \*\*\*150.00

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01222007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # K42864</b>	
1. Entity Name <b>SOUTHERN COMFORT MOWING INC.</b>	

Principal Place of Business <b>3278 CARMEL ROAD ST. AUGUSTINE, FL 32086 US</b>	Mailing Address <b>% SAM JAMES 3278 CARMEL ROAD ST. AUGUSTINE, FL 32086 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2779 US 4 S.</b>	3. Mailing Address <b>3175 US 1 S</b>
Suite, Apt. #, etc. <b>Ste. A</b>	Suite, Apt. #, etc. <b>Ste. 9</b>
City & State <b>St. Augustine, FL</b>	City & State <b>St. Augustine, FL</b>
Zip <b>32086</b>	Zip <b>32086</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>JAMES, SAM 3278 CARMEL RD ST AUGUSTINE, FL 32086</b>	7. Name and Address of New Registered Agent Name <b>SAM JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>3175 US 4 S. Ste. 9</b> City <b>St. Augustine</b> FL Zip Code <b>32086</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D JAMES, SAM 3284 CARMEL RD ST AUGUSTINE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **1/23/07** **904-797-3086**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #