2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K70838

1. Entity Name

SOUTHERN MACHINE & AUTOMOTIVE, INC.



Apr 30, 2007 08:00 A Secretary of State

FILED

Principal Place of Business

C/O DON A. MESSER 1924 N. EAST AVENUE PANAMA CITY, FL 32405 Mailing Address

C/O DON A. MESSER 1924 N. EAST AVENUE PANAMA CITY, FL 32405



04262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2924451

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

- 6.-Name and Address of Current Registered Agent

MESSER, DON A. 1924 N. EAST AVENUE PANAMA CITY, FL 32405

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	named entity submits this statement for the plans of registered agent.	purpose of changing its registered	d office or re	egistered agent, or bo	oth, in the State of Florida	. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	Agent signatura	required when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000749496 05/18/07-80022-020 150.00	
10.	OFFICERS AND DIREC	CTORS				33.7.3.35
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MESSER, DON A. 8750 TOWER RD PANAMA CITY, FL					
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST+ZIP				DO	NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		-	20 / 20 / 20 / 20 / 20 / 20 / 20 / 20 /	ASS CONT.		
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this fi	iling does not qualify for the exer	mptions con	Italined in Chapter 11	9, Florida Statutes. I furti	her certify that the information

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

Date

850-785-149

Daylime Phone #