


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K93066 1. Entry Name SOUTHARD ENTERPRISES, INC.	
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Principal Place of Business 1290 TURNBULL BAY RD NEW SMYRNA BEACH, FL 32168 US	Mailing Address P O BOX 1810 NEW SMYRNA BEACH, FL 32170 US
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2951221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEET, THOMAS J.
6120-10 POWERS AVENUE, #236
JACKSONVILLE, FL 32217

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOUTHARD, LEONARD EUGENE 1290-B TURNBULL BAY RD NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SOUTHARD, WINIFRED LEE 1290-B TURNBULL BAY RD NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SOUTHARD, LEONARD W 447 CORBIN PARK RD NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

U00000415483
02/11/06-80082-016 150.00

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: Winifred Southard 1-28-06 386-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #