

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L71621**



1. Entity Name  
**ENDI SOUTH, INC.**

Principal Place of Business  
**116 SE 3RD STREET  
DEERFIELD BEACH FL 33441  
US**

Mailing Address  
**116 SE 3RD STREET  
DEERFIELD BEACH FL 33441  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0311151**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISTLINE, JIM  
116 S.E. 3RD AVENUE  
DEERFIELD BEACH FL 33441**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 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 resigning.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PD  
LEFEBURE, KEITH J.  
1312 BAYVIEW DR.  
FT. LAUDERDALE FL** ☐ Delete

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**U00000610792  
02/02/07-80035-011 150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**V  
BISTLINE, JIM  
116 SE 3RD ST  
DEERFIELD BEACH FL 33441** ☐ Delete

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
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☐ Change ☐ Addition  
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☐ Change ☐ Addition  
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CITY-STATE-ZIP

TITLE  
NAME  
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CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing 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 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:

**K.J. LEFEBYNE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAN 24 - 07 9544298576**