

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M85556

FILED  
May 01, 2009  
Secretary of State

Entity Name: SOUTHERN REGIONAL LEASING CORPORATION

**Current Principal Place of Business:**

% BILL R. HUTTO  
620 MCKENZIE AVE.  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2528  
620 MCKENZIE AVE.  
PANAMA CITY, FL 32402 US

**New Mailing Address:**

FEI Number: 59-2892829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUTTO, BILL R.  
620 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HUTTO, BILL R.  
Address: 620 MCKENZIE AVE.  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: COATNEY, WILLIE JACK  
Address: STAR ROUTE, BOX 46  
City-St-Zip: VERNON, FL

Title: D ( ) Delete  
Name: THURMAN, BRYANT  
Address: HIGHWAY 90  
City-St-Zip: CHIPLEY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL R. HUTTO

DP

05/01/2009

Electronic Signature of Signing Officer or Director

Date