

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90285 005 ***150.00

DOCUMENT # M99082

1. Entity Name
SOUTHERLY SALES & MARKETING, INC.



Principal Place of Business
**1300 CRESTWOOD CT. #1314
ROYAL PALM BEACH, FL 33411**

Mailing Address
**1300 CRESTWOOD CT. #1314
ROYAL PALM BEACH, FL 33411**

2. Principal Place of Business
1744 Roble Lane
Suite, Apt. #, etc.

3. Mailing Address
1744 Roble Lane
Suite, Apt. #, etc.

City & State
Lake Worth, FL
Zip **33467** Country **USA**

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Lake Worth, FL
Zip **33467** Country **USA**

04202004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2914354

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRIPP, BRUCE G.
1300 CRESTWOOD CT. #1314
ROYAL PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent

Name

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

City **Lake Worth**

FL

Zip Code **33467**

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 *Bruce Tripp*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TRIPP, BRUCE G**
STREET ADDRESS **1300 CRESTWOOD CT S #1314**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1744 Roble Lane**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bruce Tripp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04 (561) 641-5570
Date Daytime Phone #