2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000005473



FILED Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90360 016 ****61.25

1. Entity Nam SOUTHE ASSOCIA	AST DOI	DGE TRUCK DEAL NC.	LERS AD\	ERTISING	IVE							
10300 BOGGY CREEK RD C/C SUITE 110 4			C/O BEH 4 Bradl	ailing Address :/O BEHAR, REID, GREEN CPAS INC. I BRADLEY PARK CT :OLUMBUS, GA 31904 US								
				3. Mailing Address % Behar, Reid, Brown: Melton								
Suite, Apt. #, etc.			Suite, Apr. #, etc.				+	hg-NP	CR2E03	37 (12/06)		
City & State			City & State			4. FEI Number 59-347340	19			pplied For ot Applicable		
Zip 	Zip Country		Zip	Zip Cou			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Register			Registered A	gent	616		7. Name and Add	ress of New R	egistered A	Agent		
MYERS, TOM 6381 AIRPORT PULLING RD. NAPLES, FL 34109						Name Street Address (P.O. Box Number is Not Acceptable)						
					Ci	ity			FL	Zip Cod	e	
The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.							ed agent, or both, in	the State of Flo		lamiliar with,	and accept	
SIGNATURE	_											
		or printed name of registered agent	and title if applicable	e. (NOTE: I	Registered Ager	ni signature required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2007												
	_			9. Election Camp Trust Fund Co	-	cing	\$5.00 May Be Added to Fees	P .		payable to		
10.	Due by N				-		Added to Fees ADDITIONS/CHANG	Flori	ida Depart	tment of St	tate 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LICINA, P 10300 BC	OFFICERS AND DIE	RECTORS		ntribution.	Dir Aur 135	Added to Fees	Floor ES TO OFFICEI a h St	ida Depart	tment of St	tate	
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at 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 spee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if dddress, with all other like empowered. indicated on this report or supplement of the corporation or the receiver or to changed, or on an attachment will be

SIGNATURE: