


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000048468					
1. Entity Name SOUTHLAND HOME PRODUCTS, INC.					
Principal Place of Business 6419 NORTH 50TH STREET TAMPA FL 33610			Mailing Address 6419 NORTH 50TH STREET TAMPA FL 33610		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3646005	
				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 KENNY, KEVIN M ESQ. 101 E. KENNEDY BOULEVARD SUITE 3200 TAMPA FL 33602			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, KATHY I		NAME		
STREET ADDRESS	RR 1 BOX 414		STREET ADDRESS		
CITY-ST-ZIP	PORT TREVORTON PA 17864		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POOLE, GARY		NAME		
STREET ADDRESS	RR 3 BOX 197E		STREET ADDRESS		
CITY-ST-ZIP	SUNBURY PA 17801		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OBERLIN, PATRICK M		NAME		
STREET ADDRESS	RR 2 BOX 17-P		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG PA 17842		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OBERLIN, VERGINIA		NAME		
STREET ADDRESS	RR 2 BOX 17-P		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG PA 17842		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YERGER, DENNIS J		NAME		
STREET ADDRESS	RR 1 BOX 276		STREET ADDRESS		
CITY-ST-ZIP	NORTHUMBERLAND PA 17857		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YERGER, JILL D		NAME		
STREET ADDRESS	RR 1 BOX 276		STREET ADDRESS		
CITY-ST-ZIP	NORTHUMBERLAND PA 17857		CITY-ST-ZIP		



MOORE CR2E034 (11/03)

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:

Patrick M. Oberlin V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04 570.374.8116
Date Daytime Phone #