

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048468

FILED
Jan 20, 2009
Secretary of State

Entity Name: SOUTHLAND HOME PRODUCTS, INC.

Current Principal Place of Business:

6419 NORTH 50TH STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

6419 NORTH 50TH STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3646055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNY, KEVIN M ESQ.
101 E. KENNEDY BOULEVARD
SUITE 3200
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MARTIN, KATHY I
Address: RR 1 BOX 414
City-St-Zip: PORT TREVORTON, PA 17864

Title: D () Delete
Name: POOLE, GARY
Address: RR 3 BOX 197E
City-St-Zip: SUNBURY, PA 17801

Title: VD () Delete
Name: OBERLIN, PATRICK M
Address: RR 2 BOX 17-P
City-St-Zip: MIDDLEBURG, PA 17842

Title: D () Delete
Name: OBERLIN, VERGINIA
Address: RR 2 BOX 17-P
City-St-Zip: MIDDLEBURG, PA 17842

Title: PD () Delete
Name: YERGER, DENNIS J
Address: RR 1 BOX 276
City-St-Zip: NORTHUMBERLAND, PA 17857

Title: D () Delete
Name: YERGER, JILL D
Address: RR 1 BOX 276
City-St-Zip: NORTHUMBERLAND, PA 17857

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:

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: DONALD R. LUCAS

GM

01/20/2009

Electronic Signature of Signing Officer or Director

Date