

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90006 041 ***150.00

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1. Entity Name
SOUTHSORE CAPITAL CO., INC.



Principal Place of Business Mailing Address
4440 PGA BLVD 4440 PGA BLVD
SUITE 304 SUITE 304
PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01242007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-1011609 Not Applicable

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

6. Name and Address of Current Registered Agent

RUNK, JOSEPH A JR.
103 OLIVERA WAY
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name **ADDRESS CHANGE ONLY**

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

City **PALM BEACH GARDENS** FL Zip Code **33418**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **RUNK, JOSEPH A JR.**
STREET ADDRESS **103 OLIVERA WAY**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **RUNK, JOSEPH A. JR**
STREET ADDRESS **112 VIA CARRI**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/23/07