2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2005 08:00 AM **DOCUMENT # P00000058217** Secretary of State 1. Entity Name SOUTHERN U.S. ENTERPRISES INC. Principal Place of Business Mailing Address 5123 - 14 STREET WEST BRADENTON FL 34207 5123 - 14 STREET WEST **BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1024038 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name BURGIN, PEGGY Street Address (P.O. Box Number is Not Acceptable) 5123-14 STREET WEST **BRADENTON FL 34207** 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 -Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THEE ☐ Change Addition BURGIN, JOSEPH K SR NAME NAME U00000218282 02/07/05-80058-011 150.00 STREET ADDRESS 5123-14 STREET WEST STREET ADDRESS **BRADENTON FL 34207** CITY - ST - ZIP CITY-ST-ZIP VΡ ITTLE Deiete ☐ Change Addition HODGENS, CASSANDRA B NAME NAME STREET ADDRESS 5123-14 STREET WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-7P TITLE ST ☐ Delete THEF Change Addition NAME BURGIN, PEGGY W NAME STREET ADDRESS STREET ADDRESS 5123-14 STREET WEST CITY-ST-ZIP **BRADENTON FL 34207** CHY-SI-ZIP TITLE ☐ Delete HHE ☐ Change Addition NAME NAME STREET ADDRESS STREE I ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Tritt Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE **⊞**Conange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 ear 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 Blück 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

2/2/05

941-758-1980

Daytime Phone #

FILED