

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91243 028 \*\*\*150.00

DOCUMENT # P00000061468

1. Entity Name

SOUTHERN AUTOMOTIVE, INC.



Principal Place of Business

1021 S. COMBEE ROAD  
SUITE #2  
LAKELAND FL 33801  
US

Mailing Address

1021 S. COMBEE ROAD  
SUITE #2  
LAKELAND FL 33801  
US

64001010



MOORE CR2E034 (11/03)

2. Principal Place of Business

3229 US HWY 98S

Suite, Apt. #, etc.

3. Mailing Address

3229 US HWY 98S

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33803

Country

POIK

Zip

33803

Country

POIK

4. FEI Number

59-3656066

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEFLEN, TIMAEUS C  
1021 S. COMBEE ROAD  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

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

City

Lakeland

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

*Timaeus C Welfen*

7-19-04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME WEFLEN, TIMAEUS C  
STREET ADDRESS 1021 S COMBEE ROAD  
CITY-ST-ZIP LAKELAND FL 33801

TITLE V ☐ Delete  
NAME FULTON-WEFLEN, CHERYL  
STREET ADDRESS 1021 S COMBEE ROAD  
CITY-ST-ZIP LAKELAND FL 33801

TITLE S ☐ Delete  
NAME FULTON-WEFLEN, CHERYL  
STREET ADDRESS 1021 S COMBEE ROAD  
CITY-ST-ZIP LAKELAND FL 33801

TITLE T ☐ Delete  
NAME WEFLEN, TIMAEUS C  
STREET ADDRESS 1021 S COMBEE ROAD  
CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Timaeus C Welfen*

4-19-04

863-667-3488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #