

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000063585

1. Entity Name
COMPONENTS SOUTH, INC.



Principal Place of Business
1726 GREAT BRIKHILL RD.
CLEARWATER, FL 33755

Mailing Address
1726 GREAT BRIKHILL RD.
CLEARWATER, FL 33755



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3656084 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

HUBBARD, JOHN G
595 MAIN ST.
DUNEDIN, FL 34698

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GOINS, JAMES B
STREET ADDRESS 1726 GREAT BRIKHILL RD.
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE S
NAME GOINS, CHARLOTTE A
STREET ADDRESS 1726 GREAT BRIKHILL RD
CITY-ST-ZIP CLEARWATER, FL 33755

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07/06/04-80010-014 558.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James B. Goins - PRESIDENT JAMES B. GOINS 7/2/04 727 442-6689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #