

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90036 007 ***150.00

DOCUMENT # P01000024675

1. Entity Name
SOUTHERN INVESTMENT GROUP, INC.



Principal Place of Business
**4528 RED OAK ST
MARIANNA, FL 32446**

Mailing Address
**P.O. BOX 1564
HOLLISTER, FL 32147**

40004619



2. Principal Place of Business

3. Mailing Address

P.O. Box 1564

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005

Chg-P

CR2E034 (10/03)

City & State

City & State

Marianna, FL

4. FEI Number

59-3702962

Applied For

Not Applicable

Zip

Country

Zip

Country

32447

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BONDURANT, FRANK E
4450 LAFAYETTE ST
MARIANNA, FL**

7. Name and Address of New Registered Agent

Name

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

City

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

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, 2005 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	<input type="checkbox"/> Delete
NAME	CALTON, JIMMY S	
STREET ADDRESS	226 E BROAD ST	
CITY-ST-ZIP	EUFAULA, AL 36072	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALTON, CAROL B	
STREET ADDRESS	226 E BROAD ST	
CITY-ST-ZIP	EUFAULA, AL 36072	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALTON, WALTER	
STREET ADDRESS	P.O. BOX 696	
CITY-ST-ZIP	EUFAULA, AL 36027	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAMILTON, JOHN	
STREET ADDRESS	4705 BERKSHIRE RD.	
CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLEY, JAMES R	
STREET ADDRESS	3923 OLD COTTONDALE RD	
CITY-ST-ZIP	MARIANNA, FL 32448	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLEY, JANICE	
STREET ADDRESS	3923 OLD COTTONDALE RD	
CITY-ST-ZIP	MARIANNA, FL 32448	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John M. Hamilton **John M. Hamilton**

1/20/05

850 482-5842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #