

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

**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  
MARIANNA, FL 32447



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3702962

Applied For

Not Applicable

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

**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 \$150.00**  
**After May 1, 2006 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  
NAME CALTON, JIMMY S  
STREET ADDRESS 226 E BROAD ST  
CITY-STATE-ZIP EUFAULA, AL 36072

TITLE D  
NAME CALTON, CAROL B  
STREET ADDRESS 226 E BROAD ST  
CITY-STATE-ZIP EUFAULA, AL 36072

TITLE D  
NAME CALTON, WALTER  
STREET ADDRESS P.O. BOX 696  
CITY-STATE-ZIP EUFAULA, AL 36027

TITLE P  
NAME HAMILTON, JOHN  
STREET ADDRESS 4705 BERKSHIRE RD.  
CITY-STATE-ZIP MARIANNA, FL 32446

TITLE D  
NAME HOLLEY, JAMES R  
STREET ADDRESS 3923 OLD COTTONDALE RD  
CITY-STATE-ZIP MARIANNA, FL 32448

TITLE D  
NAME HOLLEY, JANICE  
STREET ADDRESS 3923 OLD COTTONDALE RD  
CITY-STATE-ZIP MARIANNA, FL 32448

U00000378457  
01/09/06-80007-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*John L. Hamilton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/06

Daytime Phone #

850-481-5842