

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 A**  
**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



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3702962

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALTON, JIMMY S 226 E BROAD ST EUFULA, AL 36072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALTON, CAROL B 226 E BROAD ST EUFULA, AL 36072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALTON, WALTER P.O. BOX 696 EUFULA, AL 36027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, JOHN 3062 ROLLINGS HILLS LANE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, JAMES R 3923 OLD COTTONDALE RD MARIANNA, FL 32448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, JANICE 3923 OLD COTTONDALE RD MARIANNA, FL 32448

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/08

850-481-5842