## 2008 FOR PROFIT CORPORATION

## Jan 29, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P01000040857** 01-29-2008 90018 050 \*\*\*150.00 SOUTHERN STEEL STREETWEAR, INC. 4004841 Principal Place of Business Mailing Address **307 DIVISION AVENUE 307 DIVISION AVENUE** ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 DO NOT WRITE IN THIS SPACE 01042008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3713306 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PENLAND, MELISSA 307 DIVISION AVENUE ORMOND BEACH, FL 32174 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 it applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PENLAND, MELISSA 307 DIVISION AVENUE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE POMERENKE, ROBERT NAME 307 DIVISION AVENUE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 T Lipsey, TITLE CIPSY, IRENE NAME 307 DIVISION AVE STREET ADDRESS DO NOT WRITE ORMOND BEACH, FL 32174 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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: \_

STREET ADDRESS CITY-ST-ZIP

ING OFFICER OR DIRECTOR

1-18-08

Daytime Phone #

**FILED**