

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099572

Entity Name: SOF, INC.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

5475 NE SAINT JAMES DRIVE
#227
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

236 15TH AVENUE
VERO BEACH, FL 32962

Current Mailing Address:

5475 NE SAINT JAMES DRIVE
#227
PORT SAINT LUCIE, FL 34983

New Mailing Address:

236 15TH AVENUE
VERO BEACH, FL 32962

FEI Number: 65-1153329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAWSON, TIMOTHY D
5475 NE SAINT JAMES DRIVE
#227
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

LAWSON, TIMOTHY D
236 15TH AVENUE
VERO BEACH, FL 32962 US

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.

SIGNATURE: TIMOTHY D. LAWSON

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAWSON, TIMOTHY D
Address: 5475 NE SAINT JAMES DRIVE #227
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAWSON, TIMOTHY D
Address: 236 15TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY D. LAWSON

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date