

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101685

Entity Name: SOUTHERN FEATURES, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

29290 BYRAN WAY  
PUNTA GORDA, FL 33982

## New Principal Place of Business:

5153 NORTH WEST DILL ROAD  
ARCADIA, FL 34266 US

## Current Mailing Address:

23 MARY GRACE LANE  
CARTERSVILLE, GA 30120

## New Mailing Address:

FEI Number: 65-1156990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRITCHETT, TRAVIS  
29290 BRYON WAY  
PUNTA GORDA, FL 33982 US

## Name and Address of New Registered Agent:

STOVER, GARY G  
5153 NORTH WEST DILL RD  
ARCADIA, FL 34266 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: GARY G STOVER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILFERT, KIMBERLY  
Address: 23 MARY GRACE LANE  
City-St-Zip: CARTERSVILLE, GA 30120

Title: V ( ) Delete  
Name: WILFERT, CHRISTOPHER L  
Address: 23 MARY GRACE LANE  
City-St-Zip: CARTERSVILLE, GA 30120

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KIMBERLY D WILFERT

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date