


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

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|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P02000011238 1. Entity Name SOUTHERN SHOE AND MOBILITY, INC. |  |
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| Principal Place of Business PO BOX 463 GOTHA, FL 34734 | Mailing Address PO BOX 463 GOTHA, FL 34734 |
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01262006 No Chg-P CR2E034 (11/05)

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|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 01-0621196 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HERRINGTON, DAN
 552 WHEATSTONE PLACE
 ORLANDO, FL 32835

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 _____ (NOTE: Registered Agent signature required when reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP | D HERRINGTON, DAN 552 WHEATSTONE PLACE ORLANDO, FL 32835 |
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 02/11/06-80038-019 150.00

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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:  DATE: _____ DAYTIME PHONE #: 407-585-4220