

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045223

FILED
Apr 17, 2007
Secretary of State

Entity Name: SOUTHERN OVERNIGHT INC.

Current Principal Place of Business:

18644 WELLBORN LANE
SPRING HILL, FL 34610

New Principal Place of Business:

Current Mailing Address:

18644 WELLBORN LANE
SPRING HILL, FL 34610

New Mailing Address:

FEI Number: 03-0427999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, PATRICIA
18644 WELLBORN LANE
SPRING HILL, FL 34610 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUTLER, PATRICIA
Address: 18644 WELLBORN LANE
City-St-Zip: SPRING HILL, FL 34610

Title: D () Delete
Name: BUTLER, RANAE
Address: 18644 WELLBORN LANE
City-St-Zip: SPRING HILL, FL 34610

Title: PCEO () Delete
Name: BUTLER, ALFRED L
Address: 18644 WELLBORN LN
City-St-Zip: SPRING HILL, FL 34610

Title: VPD () Delete
Name: BUTLER, DAVID M CFO
Address: 18644 WELLBORN LN
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ALFRED L. BUTLER

CFO

04/17/2007

Electronic Signature of Signing Officer or Director

Date