

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90052 044 ***150.00

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DOCUMENT # P03000052836 1. Entity Name SOUTHERN STORM INVESTMENT, INC			
Principal Place of Business 898 N RIDGEWOOD AVENUE ORMOND BEACH, FL 32174		Mailing Address 898 N RIDGEWOOD AVENUE ORMOND BEACH, FL 32174	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1515 Ridgewood Ave	
City & State Daytona Beach, FL		City & State Daytona Beach, FL	
Zip 32117		Zip 32117	
Country USA		Country USA	
6. Name and Address of Current Registered Agent JOE, LOGUIDICE 1515 RIDGE WOOD AVE STE A DAYTONA BEACH, FL 32117		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Joe Loguidice</i> DATE: <i>1/10/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM, OWEN 898 N RIDGE WOOD AVENUE ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADE, MALPHURS 898 N RIDGE WOOD AVENUE ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADE, MALPHURS 898 N RIDGE WOOD AVENUE ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADE, MALPHURS 898 N RIDGE WOOD AVENUE ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADE, MALPHURS 898 N RIDGE WOOD AVENUE ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADE, MALPHURS 898 N RIDGE WOOD AVENUE ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADE, MALPHURS 898 N RIDGE WOOD AVENUE ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>William Owen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01-19-05 386-439-6337 <small>Date Daytime Phone #</small>	