

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90044 013 \*\*\*150.00

**DOCUMENT # P03000058334**

1. Entity Name

SOUTHERN SALES GROUP, INC.



Principal Place of Business

8525 43RD AVENUE DRIVE WEST  
BRADENTON FL 34209

Mailing Address

8525 43RD AVENUE DRIVE WEST  
BRADENTON FL 34209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0470840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, LISE A  
8525 43RD AVENUE DRIVE WEST  
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name: JOSEPH A. DiRico  
Street Address (P.O. Box Number is Not Acceptable)  
2221 N.E. 37TH Ct.  
City Lighthouse Point FL 33064

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

Joseph A. DiRico JOSEPH A. DiRico PRESIDENT 2/25/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<u>D/V/T</u> <input type="checkbox"/> Delete
NAME	<u>PUSATERI, SAMUEL J</u>
STREET ADDRESS	<u>8525 43RD AVENUE DRIVE WEST</u>
CITY-ST-ZIP	<u>BRADENTON FL 34209</u>
TITLE	<u>D/P/S</u> <input type="checkbox"/> Delete
NAME	<u>DIRICO, JOSEPH A</u>
STREET ADDRESS	<u>2221 NE 37TH COURT</u>
CITY-ST-ZIP	<u>LIGHTHOUSE POINT FL 33064</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Samuel J. Pusateri SAMUEL J. PUSATERI 2/25/04 941/730-8856  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #