


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000119553</b>	
1. Entity Name <b>SOUTHERN HERITAGE HARDWOOD FLOORING, INC.</b>	

Principal Place of Business <b>520 S FLORIDA AVE STE F LAKELAND, FL 33801 US</b>	Mailing Address <b>520 S FLORIDA AVE STE F LAKELAND, FL 33801</b>
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**DO NOT WRITE IN THIS SPACE**

04242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**27-0093098**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, JAMES W  
520 S FLORIDA AVE STE F  
LAKELAND, FL 33801**

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

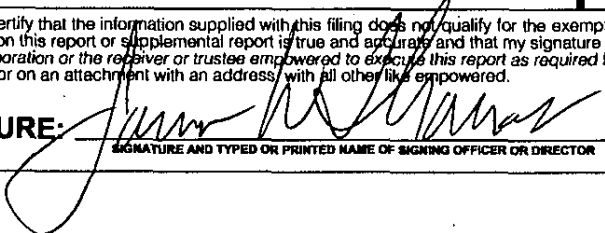
10. OFFICERS AND DIRECTORS

TITLE <b>PVT</b>	NAME <b>THOMAS, JAMES W</b>	STREET ADDRESS <b>520 S FLORIDA AVE STE F</b>	CITY-ST-ZIP <b>LAKELAND, FL 33801</b>
TITLE <b>S</b>	NAME <b>THOMAS, LORI L</b>	STREET ADDRESS <b>520 S FLORIDA AVE STE F</b>	CITY-ST-ZIP <b>LAKELAND, FL 33801</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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05/09/07-80046-025 150.00

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:**  **04/24/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR