

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011755

FILED
Jan 03, 2008
Secretary of State

Entity Name: SOTHERDEN MASONRY INC.

Current Principal Place of Business:

8344 S.E. 180TH AVE. RD.
OCALA, FL 32179

New Principal Place of Business:

8344 S.E. 180TH AVE. RD.
OCKLAWAHA, FL 32179

Current Mailing Address:

8344 S.E. 180TH AVE. RD.
OCALA, FL 32179

New Mailing Address:

8344 S.E. 180TH AVE. RD.
OCKLAWAHA, FL 32179

FEI Number: 20-0603994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOTHERDEN, JAMES I
8344 S.E. 180TH AVE. RD.
OCALA, FL 32179 US

Name and Address of New Registered Agent:

SOTHERDEN, JAMES I
8344 S.E. 180TH AVE. RD.
OCKLAWAHA, FL 32179 US

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: JAMES IVAN SOTHERDEN

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOTHERDEN, JAMES I
Address: 8344 S.E. 180TH AVE. RD.
City-St-Zip: OCALA, FL 32179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOTHERDEN, JAMES I
Address: 8344 S.E. 180TH AVE. RD.
City-St-Zip: OCKLAWAHA, FL 32179

I hereby certify that the information supplied with this filing does not qualify 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: JAMES IVAN SOTHERDEN

PRES

01/03/2008

Electronic Signature of Signing Officer or Director

Date