2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028010

Address:

City-St-Zip:

116 BRIGHTON CIRCLE

AUBURNDALE, FL 33823

COLITHERN COMEONE CARING INC

FILED Apr 30, 2007 Secretary of State

Entity Name: SOUTHERN COMPORT CABINS	, INC.
Current Principal Place of Business:	New Principal Place of Business:
4709 CRUMP ROAD #4 LAKE HAMILTON, FL 33851	
Current Mailing Address:	New Mailing Address:
PO BOX 686 AUBURNDALE, FL 33823	PO BOX 613 LAKE HAMILTON, FL 33851
FEI Number: 20-0726054 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:	
MATHIS, KAREN E 4709 CRUMP ROAD #4 LAKE HAMILTON, FL 33851 US	
The above named entity submits this statement for in the State of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Register	ed Agent Date
Election Campaign Financing Trust Fund Contribution ().
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: P () Delete	Title: P (X) Change () Addition

224 S OMAHA STREET

LAKE HAMILTON, FL 33851

MATHIS, JOHNNY L MATHIS, JOHNNY L Name: Name: 116 BRIGHTON CIRCLE Address: 224 S OMAHA STREET Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: LAKE HAMILTON, FL 33851 Title: VΡ () Delete Title: VΡ (X) Change () Addition MATHIS, KAREN E Name: MATHIS, KAREN E Name: Address: 116 BRIGHTON CIRLCE Address: 224 S OMAHA STREET AUBURNDALE, FL 33823 LAKE HAMILTON, FL 33851 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: MATHIS, KAREN E Name: MATHIS, KAREN E 116 BRIGHTON CIRCLE Address: 224 S OMAHA STREET Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: LAKE HAMILTON, FL 33851 Title: () Delete Title: (X) Change () Addition MATHIS, KARÉN E MATHIS, JOHNNY L Name: Name:

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.

Address:

City-St-Zip:

VΡ SIGNATURE: KAREN E MATHIS 04/30/2007