

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000028010

**FILED**  
**Jun 11, 2008**  
**Secretary of State****Entity Name:** SOUTHERN COMFORT CABINS, INC.**Current Principal Place of Business:**3650 DUNDEE ROAD  
STE B  
WINTER HAVEN, FL 33884**New Principal Place of Business:****Current Mailing Address:**PO BOX 613  
LAKE HAMILTON, FL 33851**New Mailing Address:****FEI Number:** 20-0726054**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MATHIS, KAREN E  
3650 DUNDEE ROAD  
STE B  
WINTER HAVEN, FL 33884 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MATHIS, KAREN E  
Address: 224 S OMAHA STREET  
City-St-Zip: LAKE HAMILTON, FL 33851

Title: VP ( ) Delete  
Name: HIPPENSTEEL, TRACEY  
Address: 1500 WATKINS ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: S ( ) Delete  
Name: MATHIS, KAREN E  
Address: 224 S OMAHA STREET  
City-St-Zip: LAKE HAMILTON, FL 33851

Title: T ( ) Delete  
Name: HIPPENSTEEL, TRACEY  
Address: 1500 WATKINS ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MATHIS, KAREN  
Address: 224 S OMAHA STREET  
City-St-Zip: LAKE HAMILTON, FL 33851

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MATHIS, KAREN  
Address: 224 S OMAHA STREET  
City-St-Zip: LAKE HAMILTON, FL 33851

Title: D ( ) Change (X) Addition  
Name: MATHIS, JOHNNY L  
Address: 224 S OMAHA STREET  
City-St-Zip: LAKE HAMILTON, FL 33851

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: KAREN E MATHIS

P

06/11/2008

Electronic Signature of Signing Officer or Director

Date