

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000048795

1. Entity Name  
TEDDY SOUTHERN, INC.



Principal Place of Business  
6051 ESTRO BLVD  
FORT MYERS BEACH, FL 33931

Mailing Address  
6051 ESTRO BLVD  
FORT MYERS BEACH, FL 33931

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07272007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-0896441

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITTMAN, LARRY  
6051 ESTRO BLVD  
FORT MYERS BEACH, FL 33931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME PITTMAN, LARRY  
STREET ADDRESS 6051 ESTRO BLVD  
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME SOUTHERN, TEDDY  
STREET ADDRESS P.O. BOX 1303  
CITY-ST-ZIP ESTERO, FL 33928

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP ☐ Delete  
NAME SIMPSON, WILLIAM  
STREET ADDRESS 428 DESOTA #2  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE VP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME SMITH, BARBARA  
STREET ADDRESS 250 HIGH STREET  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition  
NAME Loretta Thomas  
STREET ADDRESS 2642 St Charles Street  
CITY-ST-ZIP Fort Myers FL 33916

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 change the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/07

Date

239-463-2825

Daytime Phone #

Teddy Southern, Director

FILED

07 AUG -3 AM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

