

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000102032

1. Entity Name
SOUTHERN SEALANT SYSTEMS, INC.



Principal Place of Business

10941 NW 7TH STREET
CORAL SPRINGS, FL 33071

Mailing Address

10941 NW 7TH STREET
CORAL SPRINGS, FL 33071

FILED
Mar 29, 2007 08:00 A
Secretary of State



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELIAS, JUSTIN
10941 NW 7TH STREET
CORAL SPRINGS, FL 33071

**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

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

(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 DP
NAME ELIAS, JUSTIN
STREET ADDRESS 10941 NW 7TH STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VT
NAME ELIAS, DAVID A
STREET ADDRESS 10941 NW 7TH STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33071

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U00000681367
04/04/07-80039-023 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07
Date

954-341-9717
Daytime Phone #