## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000145102

Title:

Name:

Address:

City-St-Zip:

(X) Delete

RUSHING, DENNIS C

10320 AILERON AVE

PENSACOLA, FL 32506P

FILED Apr 21, 2009 Secretary of State

Entity Name: SOUTHERN FRAMERS INCORPORATED	
Current Principal Place of Business:	New Principal Place of Business:
10320 AILERON AVE PENSACOLA, FL 32506	
Current Mailing Address:	New Mailing Address:
10320 AILERON AVE PENSACOLA, FL 32506	
FEI Number: 42-1650152 FEI Number Applied For ( ) FEI Num	nber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
JONES, JUANITA 10320 AILERON AVE PENSACOLA, FL 32506 US	SUAREZ, JOSE 10320 AILERON AVE PENSACOLA, FL 32506 US
The above named entity submits this statement for the purpose o in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: JOSE SUAREZ	04/21/2009
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         P         (X) Delete           Name:         JONES, JUANITA           Address:         610320 AILERON AVE           City-St-Zip:         PENSACOLA, FL 32506	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:         V         ( ) Delete           Name:         SUAREZ, JOSE L           Address:         10320 AILERON AVE           City-St-Zip:         PENSACOLA, FL 32506	Title: P (X) Change ( ) Addition  Name: SUAREZ, JOSE L  Address: 10320 AILERON AVE  City-St-Zip: PENSACOLA, FL 32506

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE SUAREZ Ρ 04/21/2009

() Change () Addition