

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90024 019 ***150.00

DOCUMENT # P05000030621

1. Entity Name

SOUTHARD AND SONS INCORPORATED



Principal Place of Business

**511 PINWOOD AVENUE
NOKOMIS FL 34275**

Mailing Address

**511 PINWOOD AVENUE
NOKOMIS FL 34275**



2. Principal Place of Business

3. Mailing Address

425 Rubens DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NOKOMIS, FL

Zip

Country

Zip

Country

34275

FLORIDA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHARD, WILLIAM C
511 PINWOOD AVENUE
NOKOMIS FL 34275**

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

William C. Southard

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

(NOTE: Registered Agent signature required when reinstating)

3-23-06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete
NAME **P**
STREET ADDRESS **SOUTHARD, WILLIAM C**
CITY-ST-ZIP **511 PINWOOD AVENUE
NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
NAME **425 Rubens Drive**
STREET ADDRESS **NOKOMIS, FL 34275**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SEC**
STREET ADDRESS **ELAM, CLAUDETTE**
CITY-ST-ZIP **511 PINWOOD AVENUE
NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
NAME **425 Rubens Drive**
STREET ADDRESS **NOKOMIS FL 34275**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TRES-**
STREET ADDRESS **ELAM, CLAUDETTE**
CITY-ST-ZIP **511 PINWOOD AVENUE
NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
NAME **425 Rubens Drive**
STREET ADDRESS **NOKOMIS FL 34275**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DIR**
STREET ADDRESS **SOUTHARD, WILLIAM C**
CITY-ST-ZIP **511 PINWOOD AVENUE
NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
NAME **425 Rubens Drive**
STREET ADDRESS **NOKOMIS FL 34275**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Section 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 it 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:

William C. Southard **William C. Southard** **3-23-06/941 809 3291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #