

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000030621

1. Entity Name
SOUTHARD AND SONS INCORPORATED



**FILED
Apr 17, 2007 8:00 am
Secretary of State**

04-17-2007 90056 009 ***150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business 511 PINEWOOD AVENUE NOKOMIS FL 34275		Mailing Address 425 RUBENS DR NOKOMIS FL 34275	
2. Principal Place of Business - No P.O. Box # <i>1433 Dona Bay</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Nokomis, FL</i>		City & State	
Zip <i>34275</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent SOUTHARD, WILLIAM C 511 PINEWOOD AVENUE NOKOMIS FL 34275		4. FEI Number NO-T APPLICABLE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST-ZIP	P <input type="checkbox"/> Delete SOUTHARD, WILLIAM C 425 RUBENS DR NOKOMIS FL 34275	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	SEC <input type="checkbox"/> Delete ELAM, CLAUDETTE 425 RUBENS DR NOKOMIS FL 34275	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	TRES <input type="checkbox"/> Delete ELAM, CLAUDETTE 425 RUBENS DR NOKOMIS FL 34275	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	DIR <input type="checkbox"/> Delete SOUTHARD, WILLIAM C 425 RUBENS DR NOKOMIS FL 34275	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *William C. Southard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07 941-849-3291

Date

Daytime Phone #