2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030621

NOKOMIS, FL 34275

City-St-Zip:

Entity Name: SOUTHARD AND SONS INCORPORATED

FILED Jan 25, 2009 Secretary of State

Entity Nar	me: Southar	D AND SONS INCORPORA	IED		
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1433 DONA BAY NOKOMIS, FL 34275				425 RUBENS DRIVE NOKOMIS, FL 34275	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
425 RUBENS DR NOKOMIS, FL 34275			425 RUBENS DRIVE NOKOMIS, FL 34275		
FEI Number:	: 20-4963162	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SOUTHARD, WILLIAM C 511 PINEWOOD AVENUE NOKOMIS, FL 34275 US			900 GARLAND	SOUTHARD, WILLIAM C 900 GARLAND NOKOMIS, FL 34275 US	
	named entity sue of Florida.	bmits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: WILLIAM C SOUTHARD				01/25/2009	
	Electronic	Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Frust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E SOUTHARD, WIL 425 RUBENS DR NOKOMIS, FL 3-		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC ()[ELAM, CLAUDET 425 RUBENS DR NOKOMIS, FL 3-		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES () [ELAM, CLAUDET 425 RUBENS DR NOKOMIS, FL 3-		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DIR () E SOUTHARD, WIL 425 RUBENS DR		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: WILLIAM C SOUTHARD P 01/25/2009