

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048531

FILED
Jan 11, 2006
Secretary of State

Entity Name: SOUTHLAND UNDERGROUND UTILITIES, INC.

Current Principal Place of Business:

613 NILES STREET
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

613 NILES STREET
LABELLE, FL 33935

New Mailing Address:

FEI Number: 20-2597876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, LAWRENCE E
613 NILES STREET
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, LAWRENCE E
Address: 613 NILES STREET
City-St-Zip: LABELLE, FL 33935

Title: VP () Delete
Name: HOLT, ROY
Address: 613 NILES STREET
City-St-Zip: LABELLE, FL 33935

Title: VP () Delete
Name: HOLT, GLENN
Address: 613 NILES STREET
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HOLT, JR., ROY C
Address: 890 QUAIL RUN
City-St-Zip: LABELLE, FL 33935

Title: VP (X) Change () Addition
Name: HOLT, GLENN
Address: 6805 N. RIVER RD.
City-St-Zip: ALVA, FL 33920

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LAWRENCE E. ANDERSON

P

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date