

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90015 029 \*\*\*150.00

**DOCUMENT # P05000090466**

1. Entity Name  
**DOWN SOUTH CUSTOMS ENTERPRISES, INC.**



Principal Place of Business Mailing Address  
**101 E. CENTRAL AVE 101 E. CENTRAL AVE**  
**WINTER HAVEN, FL 33880 US WINTER HAVEN, FL 33880 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04132007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0979021 20-3150353** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**BARNES, HEATH E**  
**101 E. CENTRAL AVE**  
**WINTER HAVEN, FL 33880**

## 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 reorganizing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>BARNES, HEATH E</b>	
STREET ADDRESS	<b>557 AVE O S.E.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<del><b>BARNES, BETTY J</b></del>	
STREET ADDRESS	<del><b>1042 AVE E S.W.</b></del>	
CITY-ST-ZIP	<del><b>WINTER HAVEN, FL 33880</b></del>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>BESS, PATTI A</b>	
STREET ADDRESS	<b>1979 AVE F S.W.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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:**

*Heath Barnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-07 863-294-9553**

Date

Daytime Phone #