# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103946

**FILED**
**Mar 19, 2008**
**Secretary of State**

**Entity Name:** SO SOUTH HAVEN, INC.

**Current Principal Place of Business:**

70920 CR 388
SOUTH HAVEN, MI 49090 US

**New Principal Place of Business:**

**Current Mailing Address:**

551 INDIANNA AVE
SOUTH HAVEN, MI 49090 US

**New Mailing Address:**

70920 CR 388
SOUTH HAVEN, MI 49090 US

**FEI Number: 20-3205099** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ADDISON, MICHAEL C
400 N. TAMPA ST.
SUITE 1100
TAMPA, FL 33602 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: PSTD ( ) Delete
Name: MAXWELL, MARIE P
Address: 551 INDIANNA AVE
City-St-Zip: SOUTH HAVEN, MI 49090 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition
Name: MAXWELL, MARIE P
Address: 70920 CR 388
City-St-Zip: SOUTH HAVEN, MI 49090 US

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.

SIGNATURE: MARIE MAXWELL PSTD 03/19/2008
Electronic Signature of Signing Officer or Director Date