


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90031 004 ***150.00

DOCUMENT # P05000113703					
1. Entity Name SOUTHERN SWEEPING & PROPERTY MAINTENANCE, INC.					
Principal Place of Business 4326 BELLEVILLE AVE. HOLIDAY, FL 34691			Mailing Address P.O. BOX 3275 HOLIDAY, FL 34692		
2. Principal Place of Business - No P.O. Box # 4249 Plaza Dr. #F407		3. Mailing Address			
Suite, Apt. #, etc. F-407		Suite, Apt. #, etc.			
City & State Holiday, FL		City & State F		4. FEI Number 06-1756059	
Zip 34691		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYSONG, LISA M 4326 BELLEVILLE AVE. HOLIDAY, FL 34691			7. Name and Address of New Registered Agent Name <u>Jerry A. Gear</u> Street Address (P.O. Box Number is Not Acceptable) 4249 Plaza Dr. #F407 City <u>Holiday</u> <u>FL</u> Zip Code <u>34691</u>		
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: <u>Jerry A. Gear</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYSONG, LISA M 4326 BELLEVILLE AVE. HOLIDAY, FL 34691	<input checked="" 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	D WYSONG, ERIC G 4326 BELLEVILLE AVE. HOLIDAY, FL 34691	<input checked="" 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	D GEAR, MARILYNNE L 3441 GARFIELD DRIVE HOLIDAY, FL 34691	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4249 Plaza Dr. #F407 Holiday, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEAR, JERRY A 3441 GARFIELD DRIVE HOLIDAY, FL 34691	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4249 Plaza Dr. #F407 Holiday FL 34691	
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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: <u>Marilynne L. Gear</u>			<u>Marilynne L. Gear</u> 3/31/08 707.512-3439		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		