

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026783

Entity Name: SOUTHERN STATES BULL RIDING INC.

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

5686 NORTH BISCAYNE DR.  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

5686 NORTH BISCAYNE DR.  
NORTH PORT, FL 34286

**New Mailing Address:**

FEI Number: 20-4420272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SELLITTI, CARL JR.  
5686 NORTH BISCAYNE DR.  
NORTH PORT, FL 34286 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: SELLITTI, CARL JR.  
Address: 5686 NORTH BISCAYNE DR.  
City-St-Zip: NORTH PORT, FL 34286

Title: P ( ) Delete  
Name: STEWART, CHRISTOPHER T  
Address: 1508 N.W.COUNTY RD. 661  
City-St-Zip: ARCADIA, FL 34266

Title: P ( ) Delete  
Name: FORREST, CHRISTOPHER  
Address: 2505 38TH AVE. WEST  
City-St-Zip: BRADENTON, FL 34205

Title: S ( ) Delete  
Name: SELLITTI, LAUREN  
Address: 5686 NORTH BISCAYNE DR.  
City-St-Zip: NORTH PORT, FL 34286

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

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

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

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

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

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: CARL SELLITTI JR

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date