

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

04-16-2007 90036 012 ***150.00

DOCUMENT # P06000132994 1. Entity Name SOUTHERN CENTRAL IMPORTS, INC.					
Principal Place of Business 2321 PENNSYLVANIA AVE BOX 5403 BRADENTON FL 34281				Mailing Address 2321 PENNSYLVANIA AVE BOX 5403 BRADENTON FL 34281	
2. Principal Place of Business, No P.O. Box # 6094 14th St W Suite, Apt. #, etc. #187		3. Mailing Address 6094-14th St W Suite, Apt. #, etc. #187		4. FEI Number 43-211-3390	
City & State Bradenton, FL Zip 34207		City & State Bradenton, FL Zip 34207		Country Manatee	
6. Name and Address of Current Registered Agent CONCELLO, RANDALL C 2033 MAIN SR STE 502 SARASOTA FL 34237				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:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP SCHWANZ, JUDY 2321 PENNSYLVANIA AVE BOX 5403 BRADENTON FL 34281	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV COATES, PHILIP 2321 PENNSYLVANIA AVE BOX 5403 BRADENTON FL 34281	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST SCHWANZ, PHILIP D 2321 PENNSYLVANIA AVE BOX 5403 BRADENTON FL 34281	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:					