2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 05, 2008 8:00 am
Secretary of State
05-15-2008 90026 022 ***150.00

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1. Entity Name
SOUTHERN CHIMNEY SWEEP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
165 WELLS ROAD, SUITE 105 ORANGE PARK, FL 32073	P.O. BOX 818 ORANGE PARK, FL 32067-0818

04092008 Chg-P CR2E034 (12/06)

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

4. FEI Number 20-8413309 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKER, E.A., KATHY S 165 WELLS ROAD, SUITE 105 ORANGE PARK, FL 32073	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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	P HUDSON II, W. MARK P.O. BOX 557 MIDDLEBURD, FL 32050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOSTAPH, JIM 728-D BLUE CRAB ROAD NEWPORT NEWS, VA 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	George Anderson (V) ☒ Change ☐ Addition 1818 West Main Street Radford, VA 24141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GESSNER, RAY 3640 SOUTH PLAZA TRAIL, STE 101 VIRGINIA BEACH, VA 23452	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ken Crais (T) ☒ Change ☐ Addition PO Box 3263 Phoenix City, AL 36858
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILCOX, MIKE 6279 EAST WINDSOR WEST NORCROSS, GA 30093	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: x W Mark Hudson II Pres. x 4/28/08 x 904-282-4159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #