

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000031949

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** SOUTHERN DEMOLITION & SALVAGE, INC.

**Current Principal Place of Business:**

28246 TRACY RD  
HILLIARD, FL 32046

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1137  
HILLIARD, FL 32046

**New Mailing Address:**

**FEI Number:** 20-8727916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CREEKMORE, S. JAMES  
28246 TRACY RD.  
HILLIARD, FL 32046 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CREEKMORE, S. JAMES  
**Address:** 28246 TRACY RD  
**City-St-Zip:** HILLIARD, FL 32046

**Title:** V  
**Name:** BURCH, MALCOLM  
**Address:** 35335 OAK HILL LANE  
**City-St-Zip:** CALLAHAN, FL 32011

**Title:** ST  
**Name:** ROWE, JOHN  
**Address:** 22136 CR 121  
**City-St-Zip:** HILLIARD, FL 32046

I hereby 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 all other like empowered.

**SIGNATURE:** S. JAMES CREEKMORE

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04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date