



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90025 023 ***150.00

DOCUMENT # P07000084591 1. Entity Name A PLUS SOUTHERN RELOCATION, INC.					
Principal Place of Business 2897 MEADOW LAKE AVENUE APARTMENT A LARGO, FL 33771 US			Mailing Address 2897 MEADOW LAKE AVENUE APARTMENT A LARGO, FL 33771 US		
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		
6. Name and Address of Current Registered Agent DAFONTE, RICHARD J 13191 STARKEY ROAD UNIT 11 LARGO, FL 33773				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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	P <input type="checkbox"/> Delete MAYFIELD, ROGER L 2897 MEADOW LAKE AVE, APTMT A LARGO, FL 33771		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>ROGER L. MAYFIELD</u>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8/8/08 727-259-5488 Date Daytime Phone #		

ATTACHMENT

40113335
#P07000084591 8/9/08



Best Western
Lighthouse Inn & Resort

110 Ville Drive
Boulder City, NV 89005
(702) 293-6444
Fax (702) 293-6547

TO WHOM IT MAY CONCERN,

PLEASE WAIVE THE 400⁰⁰ LATE
FEE AS I DID NOT RECEIVE NOTIFICATION
PLEASE FIND ENCLOSED CHECK FOR
150⁰⁰ WHICH I WAS TOLD WOULD
COVER THIS YEAR. IF THIS IS
IN ERROR PLEASE CALL 727-259-
5488 AS I WILL NOT RECEIVE
WRITTEN NOTIFICATIONS IN A
TIMELY MANNER.

THANK YOU

ROGER L. MAYFIELD

PRESIDENT

A PLUS SOUTHERN RELOCATION