

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90054 009 ***150.00

DOCUMENT # P92000014000

1. Entity Name

SOUTHERN SWITCH & CONTACTS, INC.



Principal Place of Business

855 VIRGINIA AVE
UNIT E
PALM HARBOR FL 34683
US

Mailing Address

855 VIRGINIA AVE
UNIT E
PALM HARBOR FL 34683
US

50014392



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

10219 Sorensen Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Trinity FL

Zip

Country

Zip

34655

Country

USA

4. FEI Number

59-3155654

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

RAMBAUM, WILLIAM
28960 US 19 N
CLEARWATER FL 33761

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE	P	<input type="checkbox"/> Delete
NAME	STILLMAN, JOHN	
STREET ADDRESS	2324 VIOLET PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANTORIELLO, TOM	
STREET ADDRESS	1883 BRAE MOOR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	S	<input type="checkbox"/> Delete
NAME	STILLMAN, JOANNE	
STREET ADDRESS	2324 VIOLET PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANTORIELLO, PAM	
STREET ADDRESS	1883 BRAE MOOR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10219 Sorensen Dr.	
STREET ADDRESS	Trinity FL 34655	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10219 Sorensen Dr.	
STREET ADDRESS	Trinity FL 34655	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, and am otherwise empowered.

SIGNATURE:

John Stillman John Stillman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05

Date

(77) 815-7500

Daytime Phone #