

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000020118

FILED
Apr 20, 2012
Secretary of State

Entity Name: SOUTHERN AREA MANAGEMENT, INC.

Current Principal Place of Business:

3439 HYDE PARK DRIVE
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

3439 HYDE PARK DRIVE
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 59-3232049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRIANO, ROBERT M MR
3439 HYDE PARK DRIVE
CLEARWATER, FL 33761 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: DPT
Name: STRIANO, ROBERT M MR
Address: 3439 HYDE PARK DRIVE
City-St-Zip: CLEARWATER, FL 33761 US

Title: DPT
Name: STRIANO, ROBERT
Address: 3439 HYDE PARK DRIVE
City-St-Zip: CLEARWATER, US 1419 US

Title: DPT
Name: STRIANO, ROBERT
Address: 3439 HYDE PARK DRIVE
City-St-Zip: CLEARWATER, US 1419 US

Title: DPT
Name: STRIANO, ROBERT
Address: 3439 HYDE PARK DRIVE
City-St-Zip: CLEARWATER, US 1419 US

Title: DPT
Name: STRIANO, ROBERT
Address: 3439 HYDE PARK DRIVE
City-St-Zip: CLEARWATER, US 1419 US

Title: DPT
Name: STRIANO, ROBERT
Address: 3439 HYDE PARK DRIVE
City-St-Zip: CLEARWATER, US 1419 US

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: ROBERT M STRIANO

PRES

04/20/2012

Electronic Signature of Signing Officer or Director

Date