2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041945

Entity Name: SOUTHERN SANITARY SYSTEMS INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	TON ROAD ΓΑ, FL 34233				
Current Mailing Address:			New Mailing Address:		
	TON ROAD FA, FL 34233				
FEI Number	: 65-0511977	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address o	f New Registered Agent:	
	TON ROAD	US			
	e named entity su e of Florida.	bmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Age			ent	Date	
Election Ca	mpaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D ALLEN, ROBERT 4561 ASHTON RO SARASOTA, FL 3	G PAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () D ALLEN, ROBERT 6285 AVENTURA SARASOTA, FL 3	F DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST () D ALLEN, MARION S 4561 ASHTON RO	6	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT G ALLEN P 04/30/2009