

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90191 023 ***150.00

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1. Entity Name
SOUTHLAND SALES INC.



Principal Place of Business
**4709 CRUMP ROAD STE 1
WINTER HAVEN, FL 33881**

Mailing Address
**PO BOX 925
LAKE HAMILTON, FL 33851**

40085503



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3256556

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POEHLMAN, CLARE
643 AUGUSTA RD
WINTER HAVEN, FL 33884**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

4/20/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POEHLMAN, CLARE
STREET ADDRESS	643 AUGUSTA RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	J. H. WYLIE
NAME	VIP
STREET ADDRESS	4258 STAFFORD DR
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	LEE J. WYLIE
NAME	LEE WYLIE
STREET ADDRESS	4258 STAFFORD DR
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	SEC/TRES.
NAME	KEITH POEHLMAN
STREET ADDRESS	126 ROBIN LANE, APT 46
CITY-ST-ZIP	HUMMELSTOWN, PA 17036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 863-939-1044

Date

Daytime Phone #