2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT FILED** DOCUMENT # P94000054296 Feb 19, 2007 08:00 AM **Secretary of State** SOUTHERN RUSH, INC. Principal Place of Business Mailing Address 12292 COUNTY RD 512 P 0 B0X 10 FELLSMERE, FL 32948 FELLSMERE, FL 32948 US 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0521407 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LILLY, JAMES W JR DO NOT WRITE 537 ALBATROSS TERR SEBASTIAN, FL 32958 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE NAME LILLY, JAMES W JR. STREET ADDRESS 537 ALBATROSS TERR CITY-ST-ZIP SEBASTIAN, FL 32958 TITLE NAME 02/28/07-80081-005 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT1 E NAME STREET ADDRESS CITY-ST-ZIP

IE OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

Date