

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000065404

1. Entity Name
SOUTH LUBES, INC.



Principal Place of Business
1890 KINGSLEY AVENUE
SUITE 104
ORANGE PARK, FL 32073

Mailing Address
1890 KINGSLEY AVENUE
SUITE 104
ORANGE PARK, FL 32073

FILED

06 APR 27 AM 11:08

FLORIDA STATE
TALLAHASSEE, FLORIDA



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3282425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTLEY, LOUIS L
1890 KINGSLEY AVENUE
SUITE 104
ORANGE PARK, FL 32073

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CVDS
HUNTLEY, LOUIS L
1890 KINGSLEY AVE, SUITE 104
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HUNTLEY, L. W
1890 KINGSLEY AVE, SUITE 104
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
SANDERS, DWAIN D
1890 KINGSLEY AVE, SUITE 104
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAY, W.W.
1890 KINGSLEY AVE, SUITE 104
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEMETREE, JACK
1890 KINGSLEY AVE, SUITE 104
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEMETREE, JAY
1890 KINGSLEY AVE, SUITE 104
ORANGE PARK, FL 32073

400074148874
05/08/06--01015--008 **300.00

**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

DWAIN D Sanders

2/24/06 904-276-3598

Date

Daytime Phone #