

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90077 001 ***300.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3282425	
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			7. Name and Address of New Registered Agent Name <u>L. Ward Huntley</u> Street Address (P.O. Box Number is Not Acceptable) <u>1890 Kingsley Ave</u> City <u>Orange Park</u> <u>FL</u> Zip Code <u>32073</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVDS HUNTLEY, LOUIS L 1890 KINGSLEY AVE, SUITE 104 ORANGE PARK, FL 32073 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUNTLEY, L. W 1890 KINGSLEY AVE, SUITE 104 ORANGE PARK, FL 32073 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C,P,D,S ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SANDERS, DWAIN D 1890 KINGSLEY AVE, SUITE 104 ORANGE PARK, FL 32073 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, W.W. 1890 KINGSLEY AVE, SUITE 104 ORANGE PARK, FL 32073 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETREE, JACK 1890 KINGSLEY AVE, SUITE 104 ORANGE PARK, FL 32073 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETREE, JAY 1890 KINGSLEY AVE, SUITE 104 ORANGE PARK, FL 32073 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 another like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					