2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 8:00 am Secretary of State

DOCUMENT # P95000014813 1. Entity Name SOUTHERN GEAR COMPANY OF FLORIDA, INC.					02-14-2005 90070 039 ***150.00					
Principal Place of Business Mailing Address					1		JUUT	700t	,	
4907 CARDER ROAD		1026 CONCORD RD								
		SMYRNA, GA 30080 US								
					1,900(000) 310 3	AISI AMII BANI ATMI S	BIN BYINK NENI AKRAL 1			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142005	Chg-P CR2E034 (10/03)					
City & State		City & State			4. FEI Number Applied For 59-3311234 Not Applicate					
Zip	Country	Country Zip Cou		try	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
CREWS, PAUL S				Name						
674 LELAND DRIVE DELTONA, FL 32725				Street Address (P.O. Box Number is Not Acceptable)						
DELIONA, 1E 32/23										
				City	FL Zip Code					
	named entity submits this statement fo	r the purpose of changing its r	egister	L ed office or registe	ered agent, or both	, in the State of F	Florida. I am fam	niliar with,	and accept	
SIGNATURE.	, ,								{	
OIGHT TOTIL	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registere	d Agent signature require	ed when reinstating)		DATE			
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					5.00 May Be ided to Fees					
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/C	HANGES TO OF	FICERS AND DI	RECTORS	S IN 11	
TITLE	D	☐ Defete	TITL					Change	☐ Addition	
NAME Street adoress			NAM							
CITY-ST-ZIP	1			ET ADDRESS -ST-ZIP					}	
TITLE		☐ Delete	TΠL	<u> </u>				Change	Addition	
NAME		•	NAM							
STREET ADDRESS CITY-ST-ZIP		•	1	ET ADDRESS - ST-ZIP						
TITLE		□ Delete	TITL					Change	Addition	
NAME	ļ	L Datele	NAM				_		☐ Xuuiijuii (
STREET ADDRESS				ET ADDRESS			., •			
CITY-\$T-ZIP			+	-ST-ZiP			_			
TITLE: NAME		☐ Delete	TITL] Change	☐ Addition	
STREET ADDRESS	ļ			ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP					1	
TITLE			CITY	-31-4r						
ľ		☐ Delete	TITL					Change	☐ Addition	
NAME		☐ Delete	TITL	E IE] Change	Addition	
NAME STREET ADDRESS		☐ Delete	TITL NAM STRI	E EET ADORESS				Change	Addition	
NAME STREET ADDRESS CITY - ST - ZIP			TITL NAM STRI CITY	E EET ADDRESS '-ST-ZIP						
NAME STREET ADDRESS		Delete	TITL NAM STRI CITY	E EET ADORESS '-ST-ZIP				Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			TITL NAM STRI CITY TITL NAM STRI	E EET ADORESS '-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 THEODOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05

Daytime Phone #