2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90016 044 ***150.00

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1. Entity Name

SOUTHERN SOFFIT, INC.

Principal Place of Business	Mailing Address
3893 MANNIT DRIVE UNIT 521 NAPLES FL 34104 US	732 TETON CT NAPLES FL 34104

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3893 MANNIX DRIVE	1184 10th Ave. N.
Suite, Apt. #, etc.: 521	Suite, Apt. #, etc.:
City & State: NAPLES, FL.	City & State: NAPLES, FL.
Zip: 34104 / Country: COLLIER	Zip: 34102 / Country: COLLIER

4. FEI Number 65-0559104 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARSONS, DAVID H
732 TETON CT
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Mary J. Parsons 1/30/08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P PARSONS, DAVID H 732 TETON CT NAPLES FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARSONS, DAVID H. 1184 10th Ave. N. Naples, FL, 34102	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARSONS, MARY J 732 TETON CT NAPLES FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARSONS, MARY J. 1184 10th Ave. N. NAPLES, FL, 34102	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 Section 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: Mary J. Parsons 1/30/08 239/403-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #