

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000040128

1. Entity Name
SOUTHERN IMAGE, INC.



Principal Place of Business
**2930 HILLCREEK CIRCLE
CLEARWATER, FL 33759 US**

Mailing Address
**2930 HILLCREEK CIRCLE
CLEARWATER, FL 33759 US**

DO NOT WRITE IN THIS SPACE



08232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3413201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, PEGGY A
2930 HILLCREEK CIRCLE S
CLEARWATER, FL 33759**

**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 the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DPST
WILLIAMS, PEGGY A
2930 HILLCREEK CIRCLE S
CLEARWATER, FL 33759**

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U000000170901
08/26/04-80002-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(3)(f)), 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 REMOVING OFFICER OR DIRECTOR

DATE

Daytime Phone #