

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90020 023 ***150.00

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1. Entity Name
DEEP SOUTH SYSTEMS INC.



Principal Place of Business
**4467 CR 209 SOUTH
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**PO BOX 1949
GREEN COVE SPRINGS, FL 32043-4128**



07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3556373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KIERCE, GARY
404 SOUTH ORANGE AVE, STE A
GREEN COVE SPRINGS, FL 32043-4128
6447 Hwy 17 South
Green Cove Springs, FL 32043

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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	PVST
NAME	KIERCE, GARY
STREET ADDRESS	4467 CR 207 SOUTH <i>209 South</i>
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	KIERCE, GARY
STREET ADDRESS	4467 CR 207 SOUTH <i>209 South</i>
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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]* **Gary W. Kierce** *7-2-07* *904-529-8625*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #