

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90018 005 ***150.00

DOCUMENT # P99000094584

1. Entity Name

SOUTHERN MELON SERVICES, INC.



Principal Place of Business

P.O. BOX 994
KATHLEEN FL 33849

Mailing Address

P.O. BOX 994
KATHLEEN FL 33849



2. Principal Place of Business - No P.O. Box #

606 Harvey Rd
Suite, Apt. #, etc.
LAKE LAND FL
City & State

3. Mailing Address

P.O. Box 994
Suite, Apt. #, etc.
Kathleen FL
City & State

1st MOORE CR2E034 (10/07)

4. FEI Number

59-3644152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33815

County

Polk

Zip
33849

County

Polk

6. Name and Address of Current Registered Agent

SHERROUSE, THOMAS G
606 HARVEY ROAD
ALKELAND FL 33815

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

Thomas G. Sherrouse

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

(NOTE: Registered Agent signature required when transferring)

DATE: 3-20-08

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERROUSE, THOMAS G	
STREET ADDRESS	PO BOX 994	
CITY-ST-ZIP	KATHLEEN FL 33849	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHERROUSE, REBECCA	
STREET ADDRESS	PO BOX 994	
CITY-ST-ZIP	KATHLEEN FL 33849	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Thomas G. Sherrouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-08

Date

Daytime Phone #