

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S93943

FILED
Dec 22, 2008
Secretary of State

Entity Name: SOUTHERN HOME PRODUCTS, INC.

Current Principal Place of Business:

5700 GRACE LANE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6444
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 59-3138535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, GLENN
5700 GRACE LANE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: BYRD, GLENN,
Address: 391 CHESWICK OAK AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: LINDSAY, ROSALIE
Address: 6047 CARLA CT
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: UTKE, JEFFERY T
Address: 380 DIANE CIRCLE
City-St-Zip: CASTLEBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFERY T UTKE

VP

12/22/2008

Electronic Signature of Signing Officer or Director

Date