

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000397

FILED
Feb 10, 2013
Secretary of State
CC1944737433

Entity Name: SOUTHERN SHOCKERS INC.

Current Principal Place of Business:

524 E MAGNOLIA AVE
ARCADIA, FL 34266

Current Mailing Address:

524 E MAGNOLIA AVE
ARCADIA, FL 34266 US

FEI Number: 27-4555095

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLACE, KEITH M
4307 NE US 17 #13
ARCADIA, FL 34266 US

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

Officer/Director Detail :

Title P
Name JETER, MICHAEL
Address 524 E MAGNOLIA AVE
City-State-Zip: ARCADIA FL 34266

Title VP
Name LIPE, THOMAS
Address 9162 LIPE RD SW
City-State-Zip: ARCADIA FL 34266

Title TREA
Name JETER, ANDREA
Address 524 E MAGNOLIA AVE
City-State-Zip: ARCADIA FL 34266

Title DIR
Name HAZEN, BRENT
Address 2375 NW BROWNVILLE ST
City-State-Zip: ARCADIA FL 34266

Title DIR
Name WALLACE, KEITH M
Address 4307 NE US 17 #13
City-State-Zip: ARCADIA FL 34266

Title DIR
Name HAZEN, SHARON
Address 2375 NW BROWNVILLE ST
City-State-Zip: ARCADIA FL 34266

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEITH M WALLACE

DIRECTOR

02/10/2013

Electronic Signature of Signing Officer/Director Detail

Date