## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 20, 2007 08:00 AM Secretary of State **DOCUMENT # P05000121496** SOUTHERN RESOURCE CONTRACTING, INC. Principal Place of Business Mailing Address 700 HOUSTON AVE NW 700 HOUSTON AVE NW LIVE OAK, FL 32064 LIVE OAK, FL 32064 CR2E034 (11/05) No Chg-P 01312007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3407878 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINTON, BRIAN D DO NOT WRITE 700 HOUSTON AVE NW LIVE OAK, FL 32064 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DEST TITLE LINTON, BRIAN D NAME STREET ADDRESS 4800 RIVER ROAD CITY-ST-ZIP LIVE OAK, FL 32060 TITLE U00000720832 NAME 05/01/07-80122-015 150.0**0** STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP

TYPED OF PRINTED NAME OF EIGHING OFFICER OR DIRECTOR