

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002452

**FILED**  
**Jan 12, 2005**  
**Secretary of State**

**Entity Name:** SOUTHERN STRUCTURES CORPORATION OF NW FLORIDA

**Current Principal Place of Business:**

6 1/2 EAST COURT SQUARE  
ANDALUSIA, AL 34620

**New Principal Place of Business:**

6 1/2 EAST COURT SQUARE  
ANDALUSIA, AL 36420

**Current Mailing Address:**

P.O. BOX 1103  
ANDALUSIA, AL 36420

**New Mailing Address:**

FEI Number: 63-0829643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY RD  
QUINCY, FL 32351 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: PAGE, EDWIN  
Address: P.O. BOX 1103  
City-St-Zip: ANDALUSIA, AL 34620

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: PAGE, EDWIN  
Address: P.O. BOX 1103  
City-St-Zip: ANDALUSIA, AL 36420

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWIN PAGE

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01/12/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date