

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 269895**

1. Entity Name  
**SOUTHERN CYPRESS LOG HOMES, INC.**



Principal Place of Business

**1980 S SUNCOAST BLVD  
US HWY 19 S.  
HOMOSASSA, FL 34448 US**

Mailing Address

**20495 BEALS CHAPEL RD  
LENOIR CITY, TN 37772 US**



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1004102**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**STERCHI, GEORGE L  
1980 S SUNCOAST BLVD  
HOMOSASSA, FL 34448**

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000884438  
04/17/08-80044-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STERCHI, GAIL G 20495 BEALS CHAPEL RD LENOIR CITY, TN 37772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STERCHI, GEORGE L 20495 BEALS CHAPEL RD LENOIR CITY, TN 37772
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**DO NOT WRITE  
IN THIS SPACE**

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

*Gail G. Sterchi*  
**GAIL G STERCHI**  
DIRECTOR

**4-3-08**  
DATE

**(865) 986-1074**  
PHONE