2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# F07000005531

Entity Name: SCOTBILT HOMES, INC.

Current Principal Place of Business:

2888 FULFORD ROAD
WAYCROSS, GA 31503

New Principal Place of Business:

Current Mailing Address:

P O BOX 1189
WAYCROSS, GA 31502

New Mailing Address:

FEI Number: 56-2431535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, DREW
4300 SOUTH FLETCHER AVENUE
AMELIA ISLAND, FL 32034 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: CHRM ( ) Delete
Name: SCOTT, SAM P
Address: 2888 FULFORD ROAD
City-St-Zip: WAYCROSS, GA 31503

Title: VCH ( ) Delete
Name: SCOTT, SHERRY J
Address: 2888 FULFORD ROAD
City-St-Zip: WAYCROSS, GA 31503

Title: P ( ) Delete
Name: SCOTT, GREG
Address: 2888 FULFORD ROAD
City-St-Zip: WAYCROSS, GA 31503

Title: S ( ) Delete
Name: GRIFFIN, SHELBY
Address: 2888 FULFORD ROAD
City-St-Zip: WAYCROSS, GA 31503

Title: T ( ) Delete
Name: HOLLAND, TOM
Address: 2888 FULFORD ROAD
City-St-Zip: WAYCROSS, GA 31503

Title: VCFO ( ) Delete
Name: HOLLAND, TOM
Address: 2888 FULFORD ROAD
City-St-Zip: WAYCROSS, GA 31503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: NEAL L CONNER JR. ATTY 04/01/2009

Electronic Signature of Signing Officer or Director — Date