2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F16567

1. Entity Name
SOUTH FLORIDA CEILING SYSTEMS, INC.

Principal Place of Business	Mailing Address
201 NW 127TH AVE. PLANTATION FL, 33325	6550 NO FEDERAL HWY #240 FORT LAUDERDALE, FL 33308

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2129365
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMBLISS, JOE A
201 NW 127TH AVE.
PLANTATION FL, FL 33325

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	CHAMBLISS, GERALDINE M.
STREET ADDRESS	201 NW 127TH AVE.
CITY-ST-ZIP	PLANTATION, FL
TITLE	PD
NAME	CHAMBLISS, JOE A
STREET ADDRESS	201 NW 127TH AVE.
CITY-ST-ZIP	PLANTATION, FL
TITLE	VPD
NAME	CHAMBLISS, HUNTER W
STREET ADDRESS	1202 SE 11 COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	VPD
NAME	MYERS, PAIGE M
STREET ADDRESS	4100 URSULINE DRIVE
CITY-ST-ZIP	MOBILE, AL 36608
TITLE	VPD
NAME	MARKS, KIMBERLY M
STREET ADDRESS	3534 DUMBARTON ROAD
CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I000000432694
02/23/06-80078-010 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2.1.06 954 472 7962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #