2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G32455

1. Entity Name
SOUTH-CO BUILDING CONTRACTORS, INC.

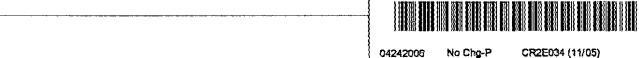
FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business 4315 N FLORIDA AVE

TAMPA, FL 33603

Mailing Address

4315 N FLORIDA AVE TAMPA, FL 33603



DO NOT WRITE IN THIS SPACE

4242006 No Chg-P		CR2E034 (11/05)			
FE! Number			Applied For		

4. FEI Number Applied For S9-2278433 Not Applied For Not Applicable

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

WATSON, JAMES T 4315 N FLORIDA AVE TAMPA, FL 33603

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered offi	Ce Of fi	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typod or printed name of registered agent and title to	i annimenta	=:aaat: va	required when reinstating)	DATE
	Signature, good or private lastre or registered agent and that	Approache. (NOTE Registered ingent	SHOT EXCUSE	radiated when remainings	1
FiLE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Financing Trust Fund Contribution. 		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			······································
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ELLSWORTH, DOUGLAS J 8543 MORNING DOVE PLACE ZEPHYRHILLS, FL 33544	, ·			
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	VSD WATSON, JAMES T 452 SEVERN TAMPA, FL 33606				000000545678 85/11/06-80086-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE HAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the cor	certify that the infernation supplied with this fit on this report of supplemental report is true a potation or the receiver or trustee empowered	ling does not qualify for the exemption and appurate and that my signature signature to execute this report as required by	ons con nall har / Chap	ntained in Chapter 11 ve the same legal effe ter 607, Florida Statut	9, Florida Statutes. I further certify that the information of as if made under eath; that I am an officer or directories; and that my name appears in Block 10 or Block 11 if