

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H48726

1. Entity Name
SOUTHERN SPECIALTY BUILDERS, INC.



**FILED
Jan 13, 2004 8:00 am
Secretary of State**

01-13-2004 90015 049 ***150.00

Principal Place of Business
ROUTE 25 BOX 1154
LAKE CITY, FL 32055 US

Mailing Address

ROUTE 25 BOX 1154
LAKE CITY, FL 32055 US

2. Principal Place of Business
1730 NW OAKLAND AVE

Suite, Apt. #, etc.

3. Mailing Address
1730 NW OAKLAND AVE

Suite, Apt. #, etc.

City & State
LAKE CITY, FL

City & State
LAKE CITY, FL

Zip
32055

Zip
32055

Country
US

Country
US

01082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2543665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, GEORGE E.
ROUTE 25 BOX 1154
LAKE CITY, FL 32055

Name

Street Address (P.O. Box Number is Not Acceptable)
1730 NW OAKLAND AVE

City

LAKE CITY

FL

Zip Code
32055

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: *George E. Anderson* GEORGE E. ANDERSON PRESIDENT JAN 10 2004
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME ANDERSON, GEORGE E.
STREET ADDRESS ROUTE 25 BOX 1154
CITY-ST-ZIP LAKE CITY, FL 32055

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS 1730 NW OAKLAND AVE
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *George E. Anderson* GEORGE E. ANDERSON 1/10/04 386 752-3103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #