


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # K35600 1. Entity Name SOUTHERN BUILDING STRUCTURES, INC.	
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Principal Place of Business 2040 NW 67TH PL GAINESVILLE, FL 32653 US	Mailing Address PO BOX 5278 GAINESVILLE, FL 32602-5278 US
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2957064	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARPENTER, RONALD A. 5608 NW 43RD ST GAINESVILLE, FL 32653

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C O'NEIL, DENNIS R. 2040 NW 67TH PL GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MALLINI, G. T. 2040 NW 67TH PL GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MALLINI, G.T. 2040 NW 67TH PL GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARPENTER, RONALD A 5608 NW 43RD ST GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALLINI, G T 5608 NW 43RD ST GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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04/29/04-80029-011 150.00

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: <u>G. Mallini</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/12/04</u> <small>Daytime Phone #</small> <u>352 376 4939</u>
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