

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # K35600	
1. Entity Name SOUTHERN BUILDING STRUCTURES, INC.	
Principal Place of Business 2040 NW 67TH PL GAINESVILLE, FL 32653 US	Mailing Address PO BOX 5278 GAINESVILLE, FL 32602-5278 US



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2957064	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**CARPENTER, RONALD A.
5608 NW 43RD ST
GAINESVILLE, FL 32653**

**DO NOT WRITE
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

[Signature]
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	O'NEIL, DENNIS R.
STREET ADDRESS	2040 NW 67TH PL
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	VC
NAME	MALLINI, G. T.
STREET ADDRESS	2040 NW 67TH PL
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	CEO
NAME	MALLINI, G.T.
STREET ADDRESS	2040 NW 67TH PL
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	S
NAME	CARPENTER, RONALD A
STREET ADDRESS	5608 NW 43RD ST
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	P
NAME	MALLINI, G T
STREET ADDRESS	5608 NW 43RD ST
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000279733
03/29/05-80008-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.T. Mallini

Date

3/24/05

Daytime Phone #

352 376 4939