2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K35600

1. Entity Name
SOUTHERN BUILDING STRUCTURES, INC.

Principal Place of Business	Mailing Address
2040 NW 67TH PL	PO BOX 5278
GAINESVILLE, FL 32653 US	GAINESVILLE, FL 32627 US

DO NOT WRITE IN THIS SPACE

01122007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2957064		Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, HERBERT W
2040 NW 67TH PLACE
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, 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, 2007 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	2040 NW 67TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000662137
03/21/07-80001-007 150.00

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE: _____   G.T. Mallini   3/1/07   352 376 4939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #