


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L06802 1. Entity Name GREAT SOUTHERN WOOD OF FLA., INC.	
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Principal Place of Business 1100 HIGHWAY 431 NORTH ABBEVILLE, AL 36310 US	Mailing Address PO BOX 610 ABBEVILLE, AL 36310-0610 US
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1009316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when installing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P RANE, JAMES W. HIGHWAY 431 NORTH ABBEVILLE, AL 36310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANE, MICHAEL G HIGHWAY 431 NORTH ABBEVILLE, AL 36310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANE, A J HIGHWAY 431 NORTH ABBEVILLE, AL 36310
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<p>U00000415782 02/11/06-80094-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  _____
Typed or printed name of signing officer or director

1-31-06 334-585-2291
Date Daytime Phone #