2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# L50332

Entity Name: SOUTHERN INTERIORS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 65
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 65
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-2991615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIVEY, JIM C.
522 HWY 92
P.O. BOX 65
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SPIVEY, JIM C.,	
Address:	P OBOX 65 1310 CARR DR	
City-St-Zip:	AUBURNDALE, FL	
Title:	ST	( ) Delete
Name:	SPIVEY, LINDA G.,	
Address:	PO BOX 65/ 1310 CARR DR	
City-St-Zip:	AUBURNDALE, FL	
Title:	VP	( ) Delete
Name:	SPIVEY, JAMES M	
Address:	6400 OLD BERKLEY RD	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	VP	( ) Delete
Name:	SPIVEY, RODNEY S	
Address:	6400 BELLO ROBLE DR	
City-St-Zip:	AUBURNDALE, FL 33823	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM C SPIVEY P 04/06/2004

Electronic Signature of Signing Officer or Director — Date