

2005 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts MAY 02 2005

DOCUMENT # P01000026170

1. Entity Name
SOUTH CAPITAL CONSTRUCTION, INC.



FILED
05 APR 29 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
32700 U.S. 19 NORTH
PALM HARBOR, FL 34684

Mailing Address
32700 U.S. 19 NORTH
PALM HARBOR, FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3705982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name Langfred W. White

Street Address (P.O. Box Number is Not Acceptable)

32700 U.S. Highway 19 North

City Palm Harbor

FL

Zip Code

34684

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, 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 DPC ☐ Delete
NAME PLANES, WILLIAM P
STREET ADDRESS 854 CYPRESS LAKEVIEW CT
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D ☐ Delete
NAME PLANES, REGINA M
STREET ADDRESS 854 CYPRESS LAKEVIEW CT
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE SVD ☐ Delete
NAME WHITE, LANGFRED W
STREET ADDRESS 2094 ASHBURY DR
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE AST ☐ Delete
NAME NOLL, DEBORAH V
STREET ADDRESS 4168 AMBER LANE
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President ☐ Change ☒ Addition
NAME James W. Keen
STREET ADDRESS 3530 NW 89th Way
CITY-ST-ZIP Cooper City, FL 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800054205288
CITY-ST-ZIP 05/10/05--01040--009 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature, typed or printed name of signing officer or director

DATE 4/25/2005 727-781-9885