2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90164 022 ***150.00

DOCUMENT # P0100026170 1. Entity Name SOUTH CAPITAL CONSTRUCTION, INC.				05-02-2006 90164 022 ***150.00			
Principal Place of Business 32700 U.S. 19 NORTH PALM HARBOR, FL 34684		Mailing Address 32700 U.S. 19 NORTH PALM HARBOR, FL 34684		- qu	0100		
PALM NAKOV	IR, FL 34004	PALMI HARBOR, IL 34004	•				
32801 US Hwy 19 N. 3. Mailing Address 32801 Swite. Apt. #, etc.			Hwy 19	<u> </u>	. 90151 1521 CANK BOSH CONT. COSTO USH 		
Shife 100		Suite 100		02222006	Chg-P CR2	E034 (11/05)	
City & State		City & State		4. FEI Numb 59-370			plied For t Applicable
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name			
WHITE, LANGFRED W				***************************************			
PALM HARBOR, FL 34684			Street Address (* O. Box Number is Not Acceptable)				
•			City	Suite 100			
The above named entity submits this statement for the purpose of changing its register							
	named entity subthits this statement for took of registered agent.	he purpose of changing its reg	gistered office or	registered agent, or bo	th, in the State of Florida. Tai	n familiar with,	and accept
SIGNATURE	Single Property of the American Street County	d www.	cristored Attent cionals	re required when reinstating)	DATE		
FiLi	E NOW!!! FEE IS \$150.00	9. Election Campaign	Financing	\$5.00 May Be			
	ay 1, 2006 Fee will be \$550.0	Trust Fund Contribu	ution. \square	Added to Fees			
10.	OFFICERS AND D		11.	ADDITIONS	CHANGES TO OFFICERS A	ND DIRECTORS Change	
TITLE NAME	PLANES, WILLIAM P	☐ Delete	TITLE NAME	32801 U.S. Hig	hway 19 North	Lhange	Addition Addition
STREET ADDRESS CITY-ST-ZIP	#34 CYPRESS LAKEVIEW OT #ARPON SPRINGS, FL 34689-		STREET ADDRESS CITY-ST-ZIP	Suite 100 Palm Harbor, 1	FL 34684		
TITLE	D DI ANES DECINA M	☐ Delete	TILE	32801 U.S. Hi	ghway 19 North	Change	☐ Addition
NAME STREET ADDRESS	PLANES, REGINA M 954 CYPRESS LAKEVIEW OT		name Street address	Suite 100			
CITY-ST-ZIP			CITY-ST-ZIP	Palm Harbor, FL 34684 Sr. Vice Pres, Secretary Change Addition			
TITLE NAME	SVD WHITE, LANGFRED W	☐ Delete	TITLE NAME	or. Vice Pri	a Arector	X Change	Addition
STREET ADDRESS	2694 ACHBURY DR		STREET ADDRESS	32801 U.S. Hi	ghway 19 North		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	-Suite 100		Charige	☐ Addition
NAME	AST	Delata					
	AST NOLL, DEBORAH V	Delete	NAME	Palm Harbor,	FL 34684		
STREET ADDRESS CITY-ST-ZIP	NOLL, DEBORAH V 4168 AMBER LANE	Delete		Palm Harbor,	FL 34684	_ •	
	NOLL, DEBORAH V	Delete	name Street address	Palm Harbor,	FL 34684	☐ Change	☐ Addition
CITY-SI-ZIP TITLE NAME	NOLL, DEBORAH V 4168 AMBER LANE PALM HARBOR, FL 34685 VP KEEN, JAMES W		NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	Palm Harbor,	FL 34684	-	
CITY-ST-ZIP	NOLL, DEBORAH V 4168 AMBER LANE PALM HARBOR, FL 34685 VP		NAME STREET ADDRESS CITY-S1-ZIP TITLE	Palm Harbor,	FL 34684	-	
CITY-ST-ZIP TULF NAME STREET ADDRESS CITY-ST-ZIP TITLE	NOLL, DEBORAH V 4168 AMBER LANE PALM HARBOR, FL 34685 VP KEEN, JAMES W 3530 N W 89TH WAY		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Vice Pres	ident.	-	
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	NOLL, DEBORAH V 4168 AMBER LANE PALM HARBOR, FL 34685 VP KEEN, JAMES W 3530 N W 89TH WAY	* Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres	ident L. Braun	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOLL, DEBORAH V 4168 AMBER LANE PALM HARBOR, FL 34685 VP KEEN, JAMES W 3530 N W 89TH WAY	⊅ ≨ Delete □ Delete	NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP CONTROL OF THE TREET ADDRESS CITY-S1-ZIP	Vice Pres Sheawn K 32801 Un Palm Har	ident L. Brawn S itwy 19 N., S bor, FL 346	Change	☐ Addition Addition

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 truspee 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 officer of the corporation of the corpor

SIGNATURE: BY: The SIGNATURE OF PRINTED JAMES FIGNING PRICE OF AS 15 St. Vice President Proposition Pr