


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 022 ***150.00

DOCUMENT # P01000026170			
1. Entity Name SOUTH CAPITAL CONSTRUCTION, INC.			
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 32801 US Hwy 19 N. Suite 100		3. Mailing Address 32801 US Hwy 19 N. Suite 100	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WHITE, LANGFRED W 32700 U.S. HWY 19 N PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 32801 US Hwy 19 N. Suite 100 City FL Zip Code	
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: By: <i>Langfred W. White</i> <i>Langfred W. White</i> (NOTE: Registered Agent signature required when reinstating) DATE			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC PLANES, WILLIAM P 834 CYPRESS LAKEVIEW CT TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	32801 U.S. Highway 19 North Suite 100 Palm Harbor, FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLANES, REGINA M 834 CYPRESS LAKEVIEW CT TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	32801 U.S. Highway 19 North Suite 100 Palm Harbor, FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD WHITE, LANGFRED W 2094 ASHBURY DR CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sr. Vice Pres, Secretary & Director 32801 U.S. Highway 19 North Suite 100 Palm Harbor, FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST NOLL, DEBORAH V 4168 AMBER LANE PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KEEN, JAMES W 3530 N W 89TH WAY COOPER CITY, F; 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Shawn K. Brown 32801 U.S. Hwy 19 N., S-100 Palm Harbor, FL 34684 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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 address with all other like empowered.			
SIGNATURE: By: <i>Langfred W. White</i> <i>Langfred W. White</i> as its Sr. Vice President Date <i>727-81-9885</i>			