

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90047 032 ***150.00

DOCUMENT # P01000030400

1. Entity Name
SOUTHERN HOMES INC.



Principal Place of Business
42 LAIRD RD.
CRESTVIEW, FL 32539

Mailing Address
42 LAIRD RD.
CRESTVIEW, FL 32539



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3716052

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NECAISE, BEN
42 LAIRD RD.
CRESTVIEW, FL 32539

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NECAISE, BEN 42 LAIRD RD. CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NECAISE, BARBARA 42 LAIRD RD. CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: BEN NECAISE 3/19/05 850-892-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #