## 2006 FOR PROFIT CORPORATION

## Jun 28, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P01000098084 06-28-2006 90002 015 \*\*\*150.00 1. Entity Name SOUTHERN COUNTRY LOG HOMES, INC. Principal Place of Business Mailing Address 40000 1208 MOUNTBATTEN ROAD 1208 MOUNTBATTEN ROAD TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301 2. Principal Place of Business Mailing Address 4364 Safarz t364 Safari Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 05102006 Chg-P City & State City & State 4. FEI Number Applied For 59-3749364 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32309 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPILLERS, J. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1208 MOUNTBATTEN ROAD TALLAHASSEE, FL 32301 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 4-24-06 - 9. Election Campaign Financing \$5:00 May Be FILE NOW!!!~FEE'IS \$150.00 In accordance with \$7607.193(2)(b), F.S., the Trust Fund Contribution Due by September 6, 2006 Added to Fees corporation did not receive the prior notice ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PDC Delete TITLE TITLE PDT Change Addition NAME GILL, MARVIN NAME Larry Foster 4364 Safari Run STREET ADDRESS STREET ADDRESS 110 MELELEUCA DRIVE CITY-ST-ZIP CRAWFORDVILLE, FL 32327 CITY-ST-ZIP 2309 Florida VTDS Delete TITLE ΠLE Change ☐ Addition NAME SPILLERS, J. MICHAEL NAME Marvin C Gill 1208 MOUNTBATTEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP 309 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIF TITI F Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

**FILED** 

12. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: MATVIN C GIN DCV Mawine File	4-24-06 85	0-907-0681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

STREET ADDRESS