

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91255 043 ***150.00

DOCUMENT # P01000114623

1. Entity Name
SOUTHERN STYLE SYSTEMS, INC.



Principal Place of Business

**180 LYMAN ROAD
SUITE 100
CASSELBERRY, FL 32707**

Mailing Address

**180 LYMAN ROAD
SUITE 100
CASSELBERRY, FL 32707**

J4U0J7U0



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2026401

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOUSE, CURTIS A
180 LYMAN ROAD
SUITE 100
CASSELBERRY, FL 32707**

**DO NOT WRITE
IN THIS SPACE**

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

Curtis House
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9.-Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
HOUSE, CURTIS A
180 LYMAN ROAD
CASSELBERRY, FL 32707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NEWSOME, HARVEY
180 LYMAN ROAD
CASSELBERRY, FL 32707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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

Curtis House
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

407-339-7801
Daytime Phone