2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117322

DAVIS, DEBBI G

1736 RAY ROAD

TALLAHASSEE, FL 32303

Name:

Address:

City-St-Zip:

FILED Jan 08, 2004 Secretary of State

Entity Name: SOUTHERN CONTRACTING OF AMERICA, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
2009 W RA TALLAHAS							
Current Mailing Address:				New Mailing Address:			
2009 W RA TALLAHAS							
FEI Number:	14-1854090	FEI Numb	er Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
DAVIS, DE 1736 RAY I TALLAHAS	RD.	2303 US					
The above in the State		ity submits this	s statement for the p	ourpose of changing	its registered	office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent						Date	
Election Can	npaign Finan	cing Trust Fund	Contribution ().				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V DRIGGERS 2601 COLL RUSKIN, FL	AGE AVE E		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete MARK D NDOLPH CIR SEE, FL 32308		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	V HARRIS, GI 2309 ELAN TALLAHASS			Title: Name: Address: City-St-Zip:	HARRIS, GR 8309 ELAN [
Title: Name: Address: City-St-Zip:		() Delete , DONALD ANDOLPH CIRCL SEE, FL 32308	E	Title: Name: Address: City-St-Zip:	V DOEHRING, 3015 DELAN ORLANDO, F	EY	
Title [.]	s	() Delete		Title.	т	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

DAVIS, DEBBI G

1736 RAY ROAD

TALLAHASSEE, FL 32303

SIGNATURE: DEBBI G. DAVIS T 01/08/2004