


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90013 033 ***150.00

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DOCUMENT # P03000022046			
1. Entity Name SOUTH OF THE BORDER CONSTRUCTION, INC.			
Principal Place of Business 13635 21ST STREET DADE CITY, FL 33525		Mailing Address 13635 21ST STREET DADE CITY, FL 33525	
2. Principal Place of Business 13635 21st Street		3. Mailing Address 13635 21st Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dade City, FL		City & State Dade City, FL	
Zip 33525		Country USA	
4. FEI Number 11-3678344		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMPTON, WILLIAM M. <i>Delete</i> 13635 21ST STREET DADE CITY, FL 33525		7. Name and Address of New Registered Agent Name: DAVID L. HAMPTON Street Address (P.O. Box Number is Not Acceptable) 13635 21st Street City: Dade City FL Zip Code: 33525	
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: <i>David L. Hampton</i> President DATE: 3-16-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 P NAME HAMPTON, WILLIAM M STREET ADDRESS 13635 21ST STREET CITY-ST-ZIP DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE President/Director NAME DAVID L. HAMPTON STREET ADDRESS 13635 21st Street CITY-ST-ZIP Dade City, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME ANKERS, KENNETH STREET ADDRESS 13635 21ST STREET CITY-ST-ZIP DADE CITY, FL 33525	<input type="checkbox"/> Delete <i>ANKERS, Misspelled</i>	TITLE VP/Director NAME KENNETH C. ANKERS STREET ADDRESS 13635 21st Street CITY-ST-ZIP Dade City, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME HAMPTON, DAVID L STREET ADDRESS 13635 21ST STREET CITY-ST-ZIP DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE S/Director NAME KENNETH C. ANKERS STREET ADDRESS 13635 21st Street CITY-ST-ZIP Dade City, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HAMPTON, WILLIAM M STREET ADDRESS 13635 21ST STREET CITY-ST-ZIP DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE T/Director NAME KENNETH C. ANKERS STREET ADDRESS 13635 21st Street CITY-ST-ZIP Dade City, FL 33525	<input checked="" 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	<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	<input type="checkbox"/> Change <input 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 an address, with all other like empowered.			
SIGNATURE: <i>David L. Hampton</i> DAVID L HAMPTON		Date: 3-16-06 Daytime Phone #: (352) 518-0518	