


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90051 008 ***150.00

DOCUMENT # P03000022536		
1. Entity Name SOUTHERN STYLE CONTRACTORS, INC.		

Principal Place of Business 4344 RAINTREE DR. MACCLENNY, FL 32063	Mailing Address 4344 RAINTREE DR. MACCLENNY, FL 32063
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2. Principal Place of Business - No P.O. Box # 14342 Hunters Ridge East	3. Mailing Address 14342 Hunters Ridge East
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Glen St. Mary	City & State Glen St. Mary
Zip 32040	Zip 32040
Country Baker	Country Baker



03092007 Chg-P CR2E034 (12/06)

4. FEI Number 81-0600109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARDEN, AUDRA F 4344 RAINTREE DR. MACCLENNY, FL 32063 14342 Hunters Ridge E. Glen St. Mary, FL 32040	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARDEN, AUDRA F 4344 RAINTREE DR. MACCLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARDEN, AUDRA F 14342 Hunters Ridge East Glen St. Mary, FL 32040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARDEN, MICHAEL E 4344 RAINTREE DR. MACCLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARDEN, MICHAEL E 14342 Hunters Ridge East Glen St. Mary, FL 32040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Audra F. Parden 3/30/07 90483354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
AUDRA F. PARDEN