


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

04-14-2004 90020.016 \*\*\*\*\*61.25  
P03000040264

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

54032885

<b>DOCUMENT # P03000040264</b>					
1. Entity Name <b>SOUTHERN TIES CONSTRUCTION, INC.</b>					
Principal Place of Business <b>1671 EAGLE'S NEST LANE MIDDLEBURG, FL 32068</b>			Mailing Address <b>1671 EAGLE'S NEST LANE MIDDLEBURG, FL 32068</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>42-1585335</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HERRINGTON, LINDA 1671 EAGLE'S NEST LANE MIDDLEBURG, FL 32068</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reissuing) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HERRINGTON, DREXEL</b>		NAME	<b>P CURTIS HERRINGTON</b>	
STREET ADDRESS	<b>6907 WEST DEVER ST</b>		STREET ADDRESS	<b>1671 EAGLE NEST LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</b>		CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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>Curtis Herrington</i>		Curtis Herrington		4/13/04 904-579-6089	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					