

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000044855

1. Entity Name
SOUTHERN SKIES CONSTRUCTION, INC.



Principal Place of Business
**2593 S COLUMBINE AVENUE
HOMOSASSA, FL 34448**

Mailing Address
**2593 S COLUMBINE AVENUE
HOMOSASSA, FL 34448**



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1060345

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEVILLEZ, BEVERLY
2593 S COLUMBINE AVENUE
HOMOSASSA, FL 34448**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BALDNER, DANIEL K
STREET ADDRESS	7351 N DAMASCUS AVE
CITY - ST - ZIP	DUNNELLON, FL 34433
TITLE	V
NAME	DEVILLEZ, DANIEL R
STREET ADDRESS	2593 S COLUMBINE AVENUE
CITY - ST - ZIP	HOMOSASSA, FL 34448
TITLE	ST
NAME	DEVILLEZ, BEVERLY
STREET ADDRESS	2593 S COLUMBINE AVENUE
CITY - ST - ZIP	HOMOSASSA, FL 34448
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000677684
04/02/07-80003-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Beverly Devillez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-07 352-400-1670
Date Daytime Phone #