2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074106

Entity Name: SOUTHERN COUNTRY BUILDERS, INC.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9750 S. MAGNOLIA AVE 6505 NW 164TH STREET OCALA, FL 34476 ALACHUA, FL 32615

Current Mailing Address: New Mailing Address:

9750 S. MAGNOLIA AVE 6505 NW 164TH STREET OCALA, FL 34476 ALACHUA, FL 32615

FEI Number: 20-1097906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALTERS, HARRIS N
9750 S. MAGNOLIA AVE
OCALA, FL 34476 US
WALTERS, HARRIS N
6505 NW 164TH STREET
ALACHUA, FL 32615 US

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.

SIGNATURE: 01/05/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition WALTERS, HARRIS N WALTERS, HARRIS N Name: Name: 6505 NW 164TH STREET 9750 S. MAGNOLIA AVE. Address: Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: ALACHUA, FL 32615

Title: SEC () Delete Title: SEC (X) Change () Addition Name: WALTERS, KAMI Z Name: WALTERS, KAMI Z

 Name:
 WALTERS, KAMI Z
 Name:
 WALTERS, KAMI Z

 Address:
 9750 S. MAGNOLIA AVE.
 Address:
 6505 NW 164TH STREET

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:
 ALACHUA, FL 32615

Title: TREA () Delete Title: TREA (X) Change () Addition

 Name:
 WALTERS, KAMI Z
 Name:
 WALTERS, KAMI Z

 Address:
 9750 S. MAGNOLIA AVE.
 Address:
 6505 NW 164TH STREET

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 OCALA, FL 34476
 City-St-Zip:
 ALACHUA, FL 32615

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.

SIGNATURE: HARRIS N. WALTERS PRES 01/05/2005