2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074106

Entity Name: SOUTHERN COUNTRY BUILDERS, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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6505 NW 164TH STREET 3845 NW 26TH ST ALACHUA, FL 32615 GAINESVILLE, FL 32605

Current Mailing Address: New Mailing Address:

6505 NW 164TH STREET 3845 NW 26TH ST ALACHUA, FL 32615 GAINESVILLE, FL 32605

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
6505 NW 164TH STREET
ALACHUA, FL 32615 US
WALTERS, HARRIS N
3845 NW 26TH ST.
GAINESVILLE, FL 32605 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: 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 WALTERS, HARRIS N
 Name:
 WALTERS, HARRIS N

 6505 NW 164TH STREET
 Address:
 3845 NW 26TH ST.

 ALACHUA, FL 32615
 City-St-Zip:
 GAINESVILLE, FL 32605

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:
 6505 NW 164TH STREET
 Address:
 3845 NW 26TH ST.

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:
 GAINESVILLE, FL 32605

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

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

 Address:
 6505 NW 164TH STREET
 Address:
 3845 NW 26TH ST,

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:
 GAINESVILLE, FL 32615

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 P 04/30/2009