2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 25, 2005 8:00 am
Secretary of State
02-28-2005 90203 020 ***150.00
04-25-2005 90287 016 *****8.75

02042005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000085994

1. Entity Name
REAL SOUTHERN PRIDE CONSTRUCTION INCORPORATED

Principal Place of Business	Mailing Address
8133 GALL BLVD ZEPHYRHILLS, FL 33541	8133 GALL BLVD ZEPHYRHILLS, FL 33541

2. Principal Place of Business	3. Mailing Address
8133 Gall Blvd	8133 Gall Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zephyrhills Fl	City & State: Zephyrhills Fl
Zip: 33542 Country: Pasco	Zip: 33542 Country: Pasco

4. FEI Number: 05-0615800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PRESCOTT, JAMES V
8133 GALL BLVD
ZEPHYRHILLS, FL 33541

7. Name and Address of New Registered Agent
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 [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President James Prescott 8133 Gall Blvd Zephyrhills Fl 33542	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Eric J Lohrey 5730 Billmar Rd Wesley Chapel Fl 33544	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 04/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #