

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90360 012 \*\*\*150.00

<b>DOCUMENT # P05000041491</b> 1. Entity Name <b>SOUTHERN BOYZ CONSTRUCTION INC</b>			
Principal Place of Business <b>15851 NE 45TH STREET WILLISTON, FL 32696</b>		Mailing Address <b>15851 NE 45TH STREET WILLISTON, FL 32696</b>	
2. Principal Place of Business <b>541 E. Country Club Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>541 E. Country Club Dr</b> Suite, Apt. #, etc.	
City & State <b>Williston FL</b> Zip Country <b>32696</b>		City & State <b>Williston FL</b> Zip Country <b>32696</b>	
4. FEI Number <b>20-2541291</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  <b>HASSELL, JOEY G 15851 NE 45TH STREET WILLISTON, FL 32696</b>		7. Name and Address of New Registered Agent Name <b>HASSELL, JOEY G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>541 E. Country Club Dr.</b> City <b>Williston</b> <b>FL</b> Zip Code <b>32696</b>	
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 <u><i>Joey G. Hassell</i></u> DATE <u>4/27/06</u> <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS HASSELL, JOEY G 15851 NE 45TH STREET WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Hassell JOEY G 541 E. Country Club Dr Williston FL 32696 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT PARNELL, JERRY 2204 SW 266TH STREET NEWBERRY, FL 32669 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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: <u><i>Joey G. Hassell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/27/06</u> Daytime Phone # <u>352-250-5312</u>	