
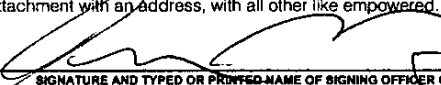


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90226 043 \*\*\*150.00

<b>DOCUMENT # P05000084408</b> 1. Entity Name <b>SOCO BUILDERS INC.</b>					
Principal Place of Business <b>12950 SW 107 ST RD DUNNELLON, FL 34432 US</b>			Mailing Address <b>12950 SW 107 ST RD DUNNELLON, FL 34432 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>870750206</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>SOSSONG, CLARENCE C 12950 SW 107 ST RD DUNNELLON, FL 34432</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				State <b>FL</b> Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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>					
TITLE	P	<input type="checkbox"/> Delete			
NAME	SOSSONG, CLARENCE C				
STREET ADDRESS	12950 SW 107 ST RD				
CITY- ST- ZIP	DUNNELLON, FL 34432				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	COLBERT, PATRICK D				
STREET ADDRESS	5329 SW 191 CT				
CITY- ST- ZIP	DUNNELLON, FL 34432				
TITLE	SEC	<input type="checkbox"/> Delete			
NAME	COLBERT, PATRICIA ,				
STREET ADDRESS	5329 SW 191 CT				
CITY- ST- ZIP	DUNNELLON, FL 34432				
TITLE	TRS	<input type="checkbox"/> Delete			
NAME	SOSSONG, ANN				
STREET ADDRESS	12950 SW 107 ST RD				
CITY- ST- ZIP	DUNNELLON, FL 34432				
TITLE	DIR	<input type="checkbox"/> Delete			
NAME	COLBERT, KIDGE				
STREET ADDRESS	5329 SW 191 CT				
CITY- ST- ZIP	DUNNELLON, FL 34432				
TITLE	DIR	<input type="checkbox"/> Delete			
NAME	GARFORTH, ROBERT C JR.				
STREET ADDRESS	12950 SW 107 ST RD				
CITY- ST- ZIP	DUNNELLON, FL 34432				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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.					
<b>SIGNATURE:</b>  <b>Ann Sosson</b> <b>4-29-06</b> <b>352-489-1233</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					