

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90003 027 ***150.00

DOCUMENT # P05000160960

1. Entity Name

SOUTH COUNTY SITE WORKS INC.



Principal Place of Business
**12442 BAILEY PALM DR
GROVELAND FL 34736**

Mailing Address
**12442 BAILEY PALM DR
GROVELAND FL 34736**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-8685667
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODERICK, DAVID S
12442 BAILEY PALM DR
GROVELAND FL 34736**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RODERICK, DAVID S**
STREET ADDRESS **12442 BAILEY PALM DR**
CITY - ST - ZIP **GROVELAND FL 34736**

TITLE **V** ☒ Delete
NAME **ESPESITO, RONALD W**
STREET ADDRESS **2504 S. TANNER RD**
CITY - ST - ZIP **ORLANDO FL 32820**

TITLE **VP** ☒ Delete
NAME **BELL, JOSHUA**
STREET ADDRESS **1065 EL GROVE DR**
CITY - ST - ZIP **DELTONA FL 32725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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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.

SIGNATURE:

David S. Roderick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-07

(407) 722-1503

Date

License Phone #