
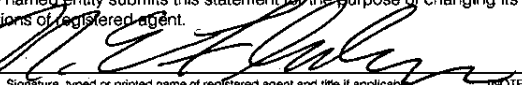
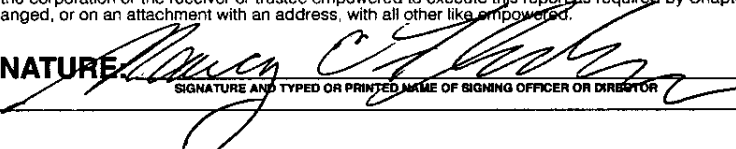


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90100 001 ***150.00

DOCUMENT # P93000068491 1. Entity Name SUN SOUTH BUILDING SUPPLIES, INC.			
Principal Place of Business 1655 E SEMORAN BLVD STE 34 APOPKA, FL 32703		Mailing Address 1655 E. SEMORAN BLVD STE 34 APOPKA, FL 32703	
2. Principal Place of Business 1975 B EIDSON DR Suite, Apt. #, etc.		3. Mailing Address 1975 B EIDSON DR Suite, Apt. #, etc.	
City & State DELAND, FL Zip 32724		City & State DELAND, FL Zip 32724	
Country USA		Country USA	
4. FEI Number 59-3200480		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DESOUZA, ADRIENNE A 1655 K SEMORAN BLVD 1655 E. SEMORAN BLVD APOPKA, FL 32703		7. Name and Address of New Registered Agent Name NANCY FLEISCHER Street Address (P.O. Box Number is Not Acceptable) 4421 S. ATLANTIC AVE A-2 City PONCE INLET FL Zip Code 32127	
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  DATE 1/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P DESOUZA, ADRIENNE A 301 WICKHAM CT. LONGWOOD, FL 327794543 <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	D FLEISCHER, NANCY 147 ESSEX DRIVE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NANCY FLEISCHER 4421 S. ATLANTIC AVE A-2 PONCE INLET, FL 32127 <input checked="" 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 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 		Date 1/26/04 Daytime Phone #	