

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91255 031 \*\*\*150.00

**DOCUMENT # P93000083393**

1. Entity Name  
**SOUTHERN STYLE CONSTRUCTION, INC.**



Principal Place of Business  
**180 LYMAN RD  
STE 100  
CASSELBERRY, FL 32707**

Mailing Address  
**180 LYMAN RD  
STE 100  
CASSELBERRY, FL 32707**

**34000100**



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3212753</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HOUSE, CURTIS A.  
180 LYMAN RD STE 100  
CASSELBERRY, FL 32707**

**DO NOT WRITE  
IN THIS SPACE**

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 *Curtis House*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/29/04

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	NEWSOME, HARVEY G JR.
STREET ADDRESS	180 LYMAN ROAD #100
CITY-ST-ZIP	CASSELBERRY, FL 32707

TITLE	VP
NAME	AKINS, FRANK
STREET ADDRESS	621 S LAKEWOOD AVE
CITY-ST-ZIP	OCFEE, FL 32461

TITLE	VP
NAME	BROWN, DAVID
STREET ADDRESS	320 W PALMETTO AVE
CITY-ST-ZIP	DELAND, FL 32720

TITLE	ST
NAME	HOUSE, CURTIS A
STREET ADDRESS	180 LYMAN ROAD #100
CITY-ST-ZIP	CASSELBERRY, FL 32707

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Curtis House*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/29/04 DAYTIME PHONE # 407-337-7801