


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000083393 1. Entity Name SOUTHERN STYLE CONSTRUCTION, INC.	
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Principal Place of Business 180 LYMAN RD STE 100 CASSELBERRY, FL 32707	Mailing Address 180 LYMAN RD STE 100 CASSELBERRY, FL 32707
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DO NOT WRITE IN THIS SPACE



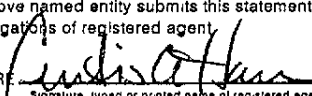
04062005 No Chg-P CR2E034 (10/03)

4. FEJ Number 59-3212753	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOUSE, CURTIS A. 180 LYMAN RD STE 100 CASSELBERRY, FL 32707
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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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: 4/27/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWSOME, HARVEY G JR. 180 LYMAN ROAD #100 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AKINS, FRANK 621 S LAKEWOOD AVE OCOE, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, DAVID 320 W PALMETTO AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOUSE, CURTIS A 180 LYMAN ROAD #100 CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000354994
05/03/05-80129-020 150.00

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 an other like empowered.	
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 4/27/05 <small>DATE</small>	DAYTIME PHONE: <small>DAYTIME PHONE</small>
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