

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90126 018 ***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**



03242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
**318 Anchor Road
Suite 1201
Casselberry FL
32707 USA**

3. Mailing Address
**318 Anchor Road
Suite 1201
Casselberry FL
32707 USA**

4. FEI Number
59-3212753

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Curtis House**
Street Address (P.O. Box Number is Not Acceptable)
**318 Anchor Road
Suite 1201
Casselberry FL 32707**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	AKINS, FRANK	
STREET ADDRESS	621 S LAKEWOOD AVE	
CITY-ST-ZIP	OCOE, FL 32461	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DAVID	
STREET ADDRESS	320 W PALMETTO AVE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOUSE, CURTIS A	
STREET ADDRESS	180 LYMAN ROAD #100	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heather Workman	
STREET ADDRESS	318 Anchor Road, Suite 1201	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curtis House	
STREET ADDRESS	318 Anchor Road, Suite 1201	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis House	
STREET ADDRESS	318 Anchor Road, Suite 1201	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heather Workman	
STREET ADDRESS	318 Anchor Road Suite 1201	
CITY-ST-ZIP	Casselberry FL 32707	
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.

SIGNATURE:

Curt A House

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06

Date

407-339-7801

Daytime Phone #