2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P97000018737

Entity Name: SOUTHERN CUSTOM BUILDERS, INC.

Current Principal Place of Business:

8156 ENGLISH ELM CIRCLE
SPRING HILL, FL 34611

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6623
SPRING HILL, FL 34611

New Mailing Address:

FEI Number: 59-3552459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELFI, MARY
8156 ENGLISH ELM CIR
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: MELFI, ROBERT V
Address: 8156 ENGLISH ELM CIR
City-St-Zip: SPRING HILL, FL 34606

Title: VPS ( ) Delete
Name: MELFI, MARY
Address: 8156 ENGLISH ELM CIR
City-St-Zip: SPRING HILL, FL 34606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MELFI, KEITH M
Address: 8156 ENGLISH ELM CIR
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Change (X) Addition
Name: ALVERIO, NEMECIO
Address: 3535 PORTILLO RD # 17
City-St-Zip: SPRING HILL, FL 34608

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY MELFI VPS 04/27/2005
Electronic Signature of Signing Officer or Director Date