2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018737

ALVERIO, NEMECIO

8283 SCOTCH PINE ST

BROOKSVILLE, FL 34613

Name:

Address:

City-St-Zip:

Entity Name: SOUTHERN CUSTOM BUILDERS, INC.

FILED Jul 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	LISH ELM CIR HILL, FL 34606			
Current Mailing Address:			New Mailing Address:	
	LISH ELM CIR HILL, FL 34606			
FEI Number	: 59-3552459	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
SPRING F	ELISH ELM CIR HILL, FL 34606		purpose of changing its registere	d office or registered agent, or both,
SIGNATUI				
Electronic Signature of Registered Ager			ent	Date
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PT () MELFI, ROBER 8156 ENGLISH SPRING HILL, I	ELM CIR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPS () MELFI, MARY 8156 ENGLISH SPRING HILL, I		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () MELFI, KEITH I 8156 ENGLISH SPRING HILL, I	ELM CIR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D ()	Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARY MELFI VP 07/22/2009