2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2006 08:00 AM Secretary of State DOCUMENT # P97000026516 1. Entity Name SOUTHERN CARPENTRY & CONSTRUCTION INC. Principal Place of Business Mailing Address P.O. BOX 621475 OVIEDO FL 32762 P.O. BOX 621475 OVIEDO FL 32762 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suste, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-3444227 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUCK, GEOFFREY H Street Address (P.O. Box Number is Not Acceptable) 121 JANE CREEK DRIVE GENEVA FL 32732 City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete DEF ☐ Change ☐ Adi" NAME TUCK, GEOFFREY MAME STREET ADDRESS 121 JANE CREEK DR STREET ADDRESS CITY-ST-ZIP GENEVA FL 32732 CITY-ST-ZIP DITLE Delete TITLE ☐ Change ☐ Ad *** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SI-ZIP TITLE Detete TITLE Change A NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ A · · ··· NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Access NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- Z02 CITY-ST-ZIP TITLE Detete HISTE ☐ Change Ana " NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CNY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I turther 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 eath, that I am an officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an agricess, with all other like empowered.

SIGNATURE

FILED