



FILED  
Apr 29, 2004 08:00 AM  
Secretary of State

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000100563</b>		
1. Entity Name SOUTHERN HOMES CENTERS LIMITED, INC.		
Principal Place of Business 9000 NW 13 ST. GAINESVILLE, FL 32653		Mailing Address 9000 NW 13 ST. GAINESVILLE, FL 32653
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04262004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3483666		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  KRIESEL, JOANNE 9000 NW 13 ST. GAINESVILLE, FL 32653		<b>DO NOT WRITE IN THIS SPACE</b>
7. 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 _____ (NOTE: Registered Agent signature required when re-installing.) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	D	
NAME	KRIESEL, JOANNE	
STREET ADDRESS	3606 NW 49 AVE.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	
NAME	KRIESEL, ROBERT	
STREET ADDRESS	3606 NW 49 AVE.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered		
SIGNATURE: <u>Joanne S. Kriesel</u>		Joanne S. Kriesel 4/27/04 (352) 373-9798