

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90355 023 ***150.00

DOCUMENT # P97000100563



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**

2. Principal Place of Business
2420 NW 66 Ct.

3. Mailing Address
2420 NW 66 Ct.

Suite, Apt. #, etc.
Suite A-1

Suite, Apt. #, etc.
Suite A-1

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32653

Country
U.S.A.

Zip
32653

Country
U.S.A.

04272006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3483666

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KRIESEL, JOANNE
9000 NW 13 ST.
GAINESVILLE, FL 32653**

7. Name and Address of New Registered Agent

Name
Same

Street Address (P.O. Box Number is Not Acceptable)

2420 NW 66 Ct. Suite A-1

City **Gainesville, FL** Zip Code **32653**

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

Joanne A. Kriesel
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 27, 2006
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 **D** ☐ Delete
NAME **KRIESEL, JOANNE**
STREET ADDRESS **3506 NW 49 AVE.**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **D** ☐ Delete
NAME **KRIESEL, ROBERT**
STREET ADDRESS **3506 NW 49 AVE.**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Kriesel, Joanne**
STREET ADDRESS **3929 NW 166th Avenue**
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE **D** ☒ Change ☐ Addition
NAME **Kriesel, Robert**
STREET ADDRESS **3929 NW 166th Avenue**
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Joanne A. Kriesel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2006 (352) 373-9798
Date Daytime Phone #