


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90197 013 \*\*\*150.00

DOCUMENT # P98000016024	
1. Entity Name SOUTHERN TIMBER STRUCTURES, INC.	

Principal Place of Business 1320 EAST WOODLAND STREET ORLANDO, FL 32806	Mailing Address 1320 EAST WOODLAND STREET ORLANDO, FL 32806
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2. Principal Place of Business <b>6583 Formosa Ct</b>	3. Mailing Address <b>6583 Formosa Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02102005 Chg-P CR2E034 (10/03)

City & State <b>Starke, FL</b>	City & State <b>Starke, FL</b>	4. FEI Number <b>59-3494100</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32091</b>	Country <b>USA</b>	Zip <b>32091</b>	Country <b>USA</b>

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

6. Name and Address of Current Registered Agent

TUKDARIAN & UNCAPHER, P.A.  
 228 HILLCREST STREET  
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name  
**DeCubellis, Meeks & Uncapher, PA**

Street Address (P.O. Box Number is Not Acceptable)  
**837 N. Garland Ave.**

City  
**Orlando** FL Zip Code  
**32801**

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: *Kenneth Uncapher* **Kenneth Uncapher** *2/10/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANDREWS, ROBERT 1320 EAST WOODLAND ST. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANDREWS, PAMELA 1320 EAST WOODLAND ST. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANDREWS, Robert 6583 Formosa Ct Starke, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANDREWS, Pamela 6583 Formosa Ct Starke, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Andrews* **Robert Andrews, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #