
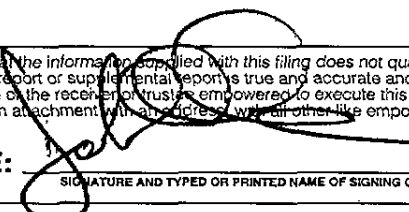


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000021442</b> 1. Entity Name <b>SOUTHERN BUILDING SERVICES, INC.</b>		
Principal Place of Business <b>1165 E. PLANT ST. STE 9 WINTER GARDEN, FL 34787</b>	Mailing Address <b>1165 E. PLANT ST. STE 9 WINTER GARDEN, FL 34787</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MASHBURN, ERIC S 102 E. MAPLE ST. WINTER GARDEN, FL 34787</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERRON, JEFFREY L 617 GLENNVIEW DRIVE WINTER GARDEN, FL 34787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHERRON, BRIAN C 617 GLENNVIEW DRIVE WINTER GARDEN, FL 34787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HODGE, CHRISTINE M 1025 CHASE DRIVE WINTER GARDEN, FL 34787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERRON, GABRIELE 617 GLENNVIEW DR WINTER GARDEN, FL 34787	
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 reports 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 the address, with all other like empowered		
SIGNATURE: 		407-877-1108
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3562414**

Applied For
Not Applicable

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

U000003210380  
02/02/05-80077-012 150.00

**DO NOT WRITE  
IN THIS SPACE**