


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90046 040 ***150.00

DOCUMENT # P99000065229		
1. Entity Name SOUTHERN PINE BUILDERS OF VENICE, INC.		
Principal Place of Business 4252 SPICETREE ST. VENICE, FL 34293		Mailing Address 4252 SPICETREE ST. VENICE, FL 34293
2. Principal Place of Business 5074 Winter Rose Way		3. Mailing Address 5074 Winter Rose Way
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Venice FL	City & State Venice FL	4. FEI Number 65-0935750
Zip 34293	Country USA	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
		\$8.75 Additional Fee Required



03222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent LEVIN, CHERIL 4252 SPICETREE ST. VENICE, FL 34293		7. Name and Address of New Registered Agent Name: Cheri L. Levin Street Address (P.O. Box Number is Not Acceptable): 5074 Winter Rose Way City: Venice FL Zip Code: 34293	
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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: Cheri L. Levin VP, Sect Treas. Cheri L. Levin DATE: 3/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, PAUL W 4252 SPICETREE ST. VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5074 Winter Rose Way address only Venice FL 34293
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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: Cheri L. Levin VP, Sect Treas. DATE: 3/21/04 941-492-4207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR