

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000065229
 1. Entity Name
 SOUTHERN PINE BUILDERS OF VENICE, INC.

Principal Place of Business Mailing Address
 5074 WINTER ROSE WAY 5074 WINTER ROSE WAY
 VENICE, FL 34293 VENICE, FL 34293



DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
 65-0935750 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEVIN, CHERI L
 5074 WINTER ROSE WAY
 VENICE, FL 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 Levin Cheri Levin 3/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, PAUL W 5074 WINTER ROSE WAY VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST LEVIN, CHERIL 5074 WINTER ROSE WAY VENICE, FL 34293
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 03/07/05-80040-005 150.00
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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)(f), 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 Levin 3/3/05 941-492-4207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #