# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # S02999**

1. Entity Name

SOUTHERN CRAFTED HOMES, INC.



Principal Place of Business

Mailing Address

3840 LAND O'LAKES BLVD. LAND O'LAKES, FL 34639 3840 LAND O'LAKES BLVD. LAND O'LAKES, FL 34639

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### FILED Apr 19, 2007 08:00 A Secretary of State



# DO NOT WRITE IN THIS SPACE

04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0219052 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HULL, KURT H 3840 LAND O' LAKES BLVD LAND O LAKES, FL 34639

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its register	red office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little (	applicable (NOTE: Register	ed Agent signature required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		
10.	OFFICERS AND DIRECTORS		the state of the s	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HULL, KURT H 3534 SWANS LANDING LAND O'LAKES, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				.000000717671 04/30/07-80057-011 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TIYLE NAME STREET ADDRESS CITY-ST-7/P				

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 31 other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

813-909-96440 Dayuma Phops 314