

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000143331 1. Entity Name A-BUILD CONSTRUCTION, INC.	
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Principal Place of Business 4223 S. SANDALWOOD CIRCLE TAMPA FL 33674	Mailing Address 4223 S. SANDALWOOD CIRCLE TAMPA FL 33674
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 02-0712830	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, GARY 4223 S. SANDALWOOD CIRCLE TAMPA FL 33674	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____
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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D PATTERSON, GARY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4223 S. SANDALWOOD CIRCLE	NAME	U00000699915
STREET ADDRESS	TAMPA FL 33674	STREET ADDRESS	04/19/07-80063-002 150.00
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S ZARDINKAS, LOIS M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4223 S. SANDALWOOD CIRCLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TAMPA FL 33674	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 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 all other like empowered.

SIGNATURE: Gary E Patterson **GARY E PATTERSON** 4/9/07 8139801330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #