

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130340

FILED
May 01, 2009
Secretary of State

Entity Name: SCHAROUN BUILDERS INC.

Current Principal Place of Business:

4387 SHAPPELL STREET
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

4387 SHAPPELL STREET
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 30-0336497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INC
1203 GOVERNORS SQUARE BLVD SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

SCHAROUN, ANDREW
4387 SHAPPELL STREET
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE: ANDREW SCHAROUN

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHAROUN, ANDREW
Address: 4387 SHAPPELL STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V () Delete
Name: SCHAROUN, MICHAEL
Address: 4387 SHAPPELL STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: KELLY, JESSICA
Address: 4387 SHAPPELL STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Delete
Name: MOLINA, CAROL
Address: 21032 DENISE AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW SCHAROUN

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date