


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000013687
1. Entity Name
LAKE WALES BUILDING TRADES CENTER, INC.



Principal Place of Business 107 W. ORANGE AVENUE LAKE WALES FL 33853	Mailing Address 107 W. ORANGE AVENUE LAKE WALES FL 33853
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3360334** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCOLLOUGH, BOBBY G
5154 VALENCIA ST.
LAKE WALES FL 33898**

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOLLOUGH, BOBBY G	
STREET ADDRESS	5154 VALENCIA ST.	
CITY- ST- ZIP	LAKE WALES FL 33898	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOWEN, BETTY	
STREET ADDRESS	2437 FOREST DR.	
CITY- ST- ZIP	LAKE WALES FL 33898	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCOLLOUGH, THERAS C	
STREET ADDRESS	5154 VALENCIA ST.	
CITY- ST- ZIP	LAKE WALES FL 33898	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KARG, PAUL	
STREET ADDRESS	218 BABSON DRIVE	
CITY- ST- ZIP	BABSON PARK FL 32857	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bobby G McCollough Date: 1/19/05 Daytime Phone #: 863-676-222