

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90058 035 ***150.00

DOCUMENT # P97000092239

1. Entity Name
A-1 BUILDERS, INC.



Principal Place of Business: **253 N. 9TH STREET., STE 201 DEFUNIAK SPRINGS, FL 32433**
 Mailing Address: **P.O. BOX 1358 DEFUNIAK SPRINGS, FL 32435-1358**

60008940



2. Principal Place of Business: **220 N. 9th St.**
 Suite, Apt. #, etc.

3. Mailing Address: **no change**
 Suite, Apt. #, etc.

01042006 Chg-P CR2E034 (11/05)

City & State: **DeFuniak Springs, FL**

City & State

4. FEI Number: **59-3475299**

Applied For
 Not Applicable

Zip: **32433**

Country: **Walton**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSHING, SUE B
 648 PERDUE
 DEFUNIAK SPRINGS, FL 32433**

Name: **Rushing, Sue B.**
 Street Address (P.O. Box Number is Not Acceptable): **220 N. 9th St.**

City: **DeFuniak Springs FL** Zip Code: **32433**

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: **B. Sue Rushing, Pres.**

B. Sue Rushing
 (NOTE: Registered Agent signature required when resigning)

1/26/06
 DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD <input type="checkbox"/> Delete	NAME: RUSHING, SUE B
STREET ADDRESS: 648 PERDUE	CITY-ST-ZIP: DEFUNIAK SPRINGS, FL 32433
TITLE: VD <input type="checkbox"/> Delete	NAME: RUSHING, KIRBY W
STREET ADDRESS: 648 PERDUE	CITY-ST-ZIP: DEFUNIAK SPRINGS, FL 32433
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Rushing, Sue B.
STREET ADDRESS: 220 N. 9th St.	CITY-ST-ZIP: DeFuniak Springs, FL 32433
TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Rushing, Kirby W.
STREET ADDRESS: 220 N. 9th St.	CITY-ST-ZIP: DeFuniak Springs, FL 32433
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

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 all other like empowered.

SIGNATURE: **B. Sue Rushing, Pres.**

B. Sue Rushing

1/26/06

(850) 892-3334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #