2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08:00 AN **DOCUMENT # P01000090169 Secretary of State** SOLUTION BUILDERS OF NORTH FLORIDA, INC. Principal Place of Business Mailing Address 627 HWY 17 SOUTH 627 HWY 17 SOUTH SAN MATEO, FL 32187 SAN MATEO, FL 32187 04122004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4469250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PASS, MADELINE G DO NOT WRITE **627 HWY 17 SOUTH** SAN MATEO, FL 32187 IN THIS SPACE \$. 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. Signeture, typed or printed name of registered agent and tale if applicable. (NOTE. Registered Agent signature required when recestating) U00000152507 05/04/04-80088-011 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE PASS, MEDLINE G HALLE 354 SISCO RD STREET ADDRESS POMONA PARK, FL 32181 CETY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE MAKE STREET ADDRESS CTV_\$1-712 THE NAME.

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

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TUTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MIGHATURE AND TYPED OR PRINTED NAME OF MIGHING OFFICIAL OR DIRECTO

4/29/04

386-328-8299

FILED