


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90125 009 ***150.00

DOCUMENT # 147240 1. Entity Name CLAIR-MEL BUILDERS, INC.					
Principal Place of Business C/O BANK OF AMERICA P.O. BOX 31813 TAMPA, FL 33631			Mailing Address C/O DERMOTT J. TRACEY, CPA 11321 N OLA AVENUE TAMPA, FL 33612		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address c/o Bank of America Suite, Apt. #, etc. P.O. Box 830151 City & State Dallas TX Zip Country 75283-0151			
4. FEI Number 59-0555377		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 TRACEY, DERMOTT J CPA 11321 N OLA AVENUE TAMPA, FL 33612			7. Name and Address of New Registered Agent Name Richard M. Herman, CPA Street Address (P.O. Box Number is Not Acceptable) 400 N. Ashley Drive, Suite 2650 City Tampa FL Zip Code 33602-4328		
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: <u><i>Richard M. Herman</i></u> DATE: <u>3/7/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHELTON, LEE P.O. BOX 31813 TAMPA, FL 33631	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 830151 Dallas TX 75283-0151	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD LANGSTON, LEROY P.O. BOX 31813 TAMPA, FL 33631	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 830151 Dallas TX 75283-0151	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THALER, GEORGE JR 11825 KNOLLS PASS LAKEVILLE, MN 55044	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thaler, George Jr.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: <u><i>George Thaler</i></u> President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/15/05</u> Daytime Phone #: <u>214 209-2932</u>		