


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 22, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90059 048 \*\*\*150.00

<b>DOCUMENT # 273124</b> 1. Entity Name <b>PRICE-NASRALLAH BUILDERS INC</b>					
Principal Place of Business 7651 HOLIDAY RD, SOUTH P O BOX 16561 JACKSONVILLE FL 32245-3561			Mailing Address 7651 HOLIDAY RD, SOUTH P O BOX 16561 JACKSONVILLE FL 32245-3561		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1032831</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>NASRALLAH, RAYMOND A</b> <b>7651 HOLIDAY ROAD S</b> <b>JACKSONVILLE FL 32216</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>NASRALLAH, RAYMOND A.</b> <b>7651 HOLIDAY RD S</b> <b>JACKSONVILLE, FL 00000</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>NASRALLAH, JOSEPH H.</b> <b>7651 HOLIDAY RD S</b> <b>JACKSONVILLE, FL 00000</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>NASRALLAH, ANNIE C.</b> <b>7651 HOLIDAY RD S</b> <b>JACKSONVILLE, FL 00000</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>NASRALLAH, RAYMOND A II</b> <b>7651 HOLIDAY RD S</b> <b>JACKSONVILLE, FL 00000</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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>Raymond A. Nasrallah</u> <b>6/16/04</b> <b>904/398-8431</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		