2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State
03-29-2005 90025 034 ***150.00

DOCUMENT # 371291

1. Entity Name

SPECTRA BUILDERS, INC.

Principal Place of Business	Mailing Address
4711 HWY 17 SOUTH #8 P O BOX 1381 ORANGE PARK FL 32067-381 US	4711 HWY 17 SOUTH #8 P O BOX 1381 ORANGE PARK FL 32067-381 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
4711 Hwy. 17 South	P.O. Box 1381
Suite, Apt. #, etc.: B2 #1	Suite, Apt. #, etc.
City & State: Orange Park, FL.	City & State: Orange Park, FL.
Zip: 32003 Country: USA	Zip: 32067-1381 Country: USA

4. FEI Number 59-1426353 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, ANSBACHER
4215 SOUTHPOINT BLVD. #100
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: McWilliams, A. E.
Street Address (P.O. Box Number is Not Acceptable): 4711 Hwy. 17, South
B2 #1
City: Orange Park FL Zip Code: 32003

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: A.E. McWilliams A.E. McWilliams, Pres. 3/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCWILLIAMS, A E 4711 HWY. 17 S #8 ORANGE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MCWILLIAMS, MACY 4711 HWY 17 S. #8 ORANGE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BIAS, BETTE 4711 HWY 17 S 8 ORANGE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: A.E. McWilliams A.E. McWilliams 3/25/05 (904) 264-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #