2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 17, 2005 08:00 AM **DOCUMENT # 462688** Secretary of State BUILDINGS AND CHURCHES, INC. Principal Place of Business Mailing Address COSCO BLDG. HWY 90 E. 215 JAMES LEE BLVD E CRESTVIEW, FL 32536 CRESTVIEW, FL 32539 01162005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1551388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COSGROVE, DEWEY DO NOT WRITE 215 JAMES LEE BLVD E CRESTVIEW, FL 32539 IN THIS SPACE 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 typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE COSGROVE, SHARON K NAME STREET ADDRESS 215 JAMES LEE BLVD E CRESTVIEW, FL 32539 0000000266730 CITY-ST-7P 03/17/05-80042-004 150.w TITLE NAME COSGROVE, DEWEY STREET ADDRESS 215 JAMES LEE BLVD E CITY-ST-ZIP CRESTVIEW, FL 32539 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 outh, 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

S. Cosgrove

ED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/05

850/682-6226